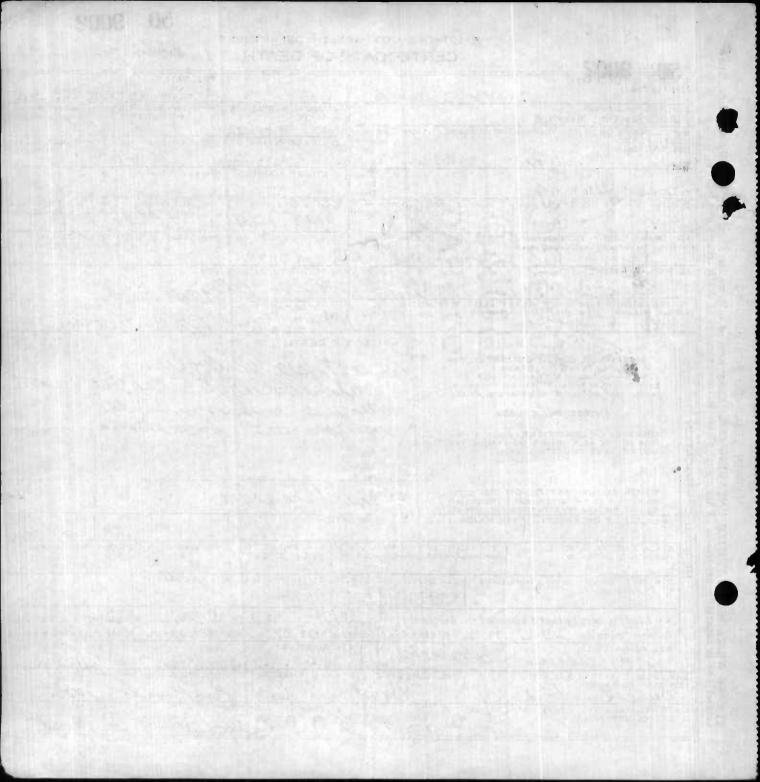
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTA NO. OAAO			CERTIFICAT	E OF DEATH	Register	ed No.
1. NAME OF DECEASED					1 2. DATE	
(Type or Print)	Mrs	Julia T	lizabeth Boke	7	OF DEATH C	ctober 20, 1950
S. PLACE OF DEATH: A. Baltimore City, Man		ouria s	TT Babe on None	4. USUAL RESIDENCE (Where deceased live	ed. If institution : residence
B. FULL NAME OF (If HOSPITAL OR INSTITUTION	not in hospit	al or institut	ion, give street address or location		f outside corporate	limits, write RURAL and give
	Joseph 1	s Hospi	tal	Baltimore	9.	-08 township
			Yrs.	D. STREET ADDRESS ()		n)
c. Length of stay in B			Mos. Days		ett Avenue	
5. SEX 6. COLO	R OR RACE		E. MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In year last birthday	rs H Under 1 Year It Under 24 Hours) Months Days Hours Min.
	ite		ried	8/28/1995	15	
10A. USUAL OCCUPATIO work doneduring most of working life	N (Give kind of s, even if retired)	10B. KINE	OF BUSINESS OR	A	foreign country)	12. CITIZEN OF WHAT COUNTRY
Hwfe.		Kon	Nome	New York		
13. FATHER'S NAME	P			14. MOTHER'S MAIDEN N	NAME	
Enul	1780			Katie WE	ERNS	
15. WAS DECEASED EVER II	U, S. ARMEL	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No -			SECURITI NO.	HIM BOKES	7ny Bun	theth ave
(This does not mean heart failure, asthem injury or complicat	ia, etc. It mes tion which o DENT CAUS NDITIONS, 1 E CAUSE (A) NDITION LA	of dying, e. ; ns the diseas caused death SES F ANY, GIVIN STATING TH AST.	IG DUE TO	teriesclero ecese was your dial	tic ca multif infarcti	ile casal
O TO THE DISEASE OF	R CONDITION	CAUSING I	т			
19A. DATE OF OPERA	TION	9B. MAJOR	FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT, SUIC HOMICIDE (Specify	CIDE.	21B. PLA about bome, i	ACE OF INJURY (e. g., farm, factory, atreet, office bldg.	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore C	City, give exact location)
21b. TIME (Month) OF INJURY	(Day) (Year)		21E. INJURY OCCURF WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	/=
22. I hereby certify	that I att	tended the	deceased from	10/5/, 1950, to	10/20/	19 50 that I last sam th
				rred at3:00PMm., from		
23A. SISNATURE				238. ADDRESS	one outroes with	23c. DATE SIGNED
	us	Sav	misla M.D.	1400 N. Carolin	e Street	10/20/50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	10/23	150	24c. NAME OF CEMETI Mos & A.	und ark to	LOCATION (City,	town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR	s signatu	IL Caranda	25. FUNERAL DIRECTOR	1217 8	Paul J.
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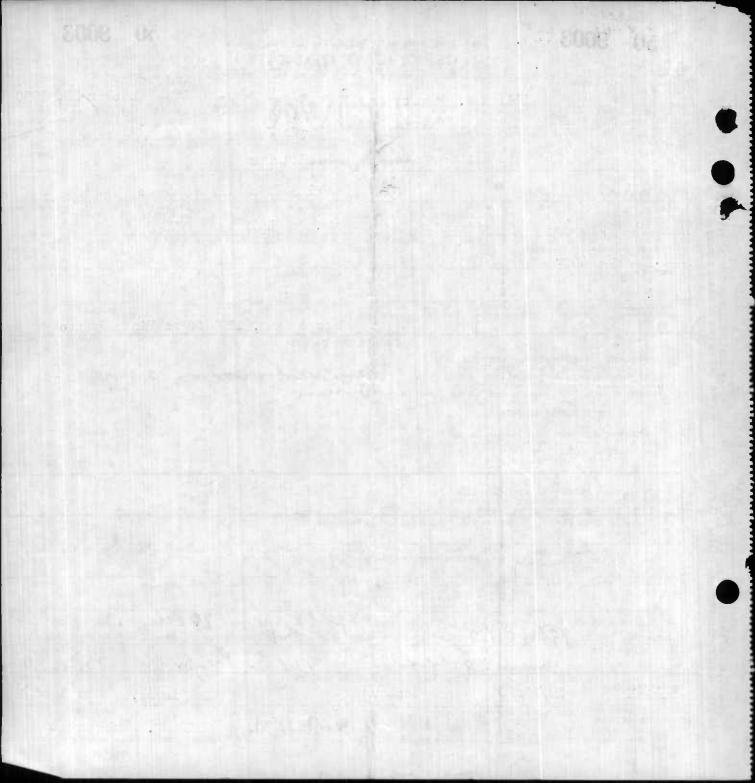
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No-BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF October 20. William M. DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Al23 Buena Vista Avenue Reltimore D. STREET ADDRESS (If rural, give location Yrs. Mos Al23 Buena Vista Avenue c. Length of stav in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Ret. Coal Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) ADDRESS SECURITY NO George Lane, 4123 Buena Vista Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Elenty Corons (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT 19 Sothat I last saw the 22. I hereby certify that I attended the deceased from 19 D. and that death occurred at. deceased alive on___ 13. m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c, NAME OF CEMETERY OR CREMATORY Maryland Western Baltimore. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR 1217 St. Paul Street 0079



deceased alive on Oct. 23A. SIGNATURE

24B. DATE

REGISTRAR'S SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

	5-452 9004 BALTIMORE CITY HE CERTIFICATI	
1.	NAME OF DECEASED TO HARGARET SCHILLE	2. DATE OF OCT. 21, 1956
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
H	OSPITAL OR STITUTION UNION MEMORIAL HOSPITAL location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
11-	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) Jorea, 143.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years) If Under 24 Hours 9. AGE (in years) Months Days Hours Min.
work	A. USUAL OCCUPATION (Givekind of a doee during most of working life, even if retired) FATHER'S NAME	MARYLAND U.S.A.
	JOHN JOHNSON	14. MOTHER'S MAIDEN NAME MARY J. HAYGHE
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
		NARY EMBOLISM -
ICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	ULAR THROMBUS (Rt.) -
CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	E KIDNEY CYSTS
SAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	YES NO
MEDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., e	
~	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRING INJURY OF INJURY	
	22. I hereby certify that I attended the deceased from Sep	7. 23 , 1956, to Ocr. 21 , 1950, that I last saw the

1950 and that death occurred at A: MA m., from the causes and on the date stated above.

25. FUNERAL DIRECTOR

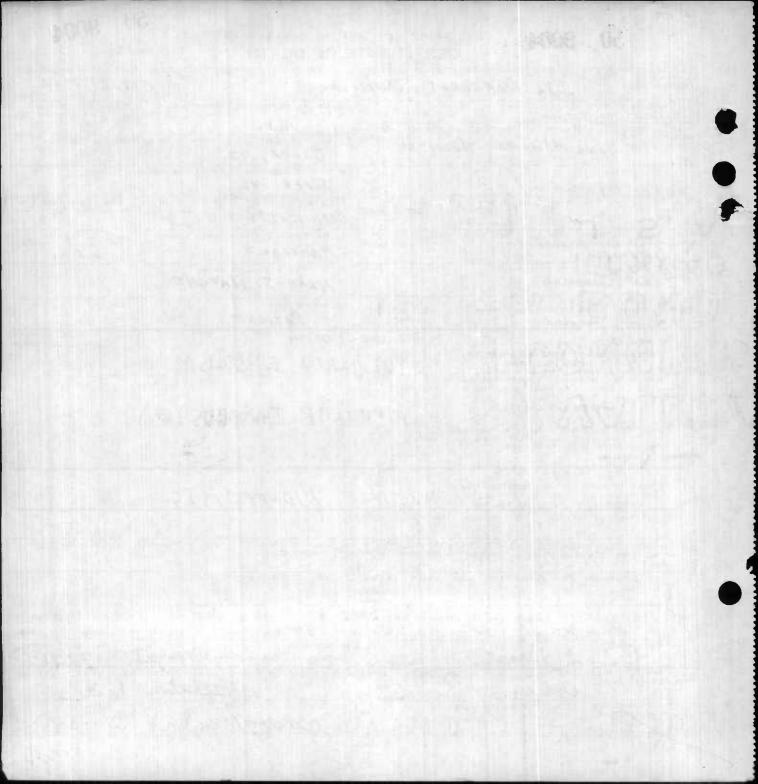
23B. ADDRESS

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240, NAME OF CEMETERY OR

23c. DATE SIGNED

ADDRESS



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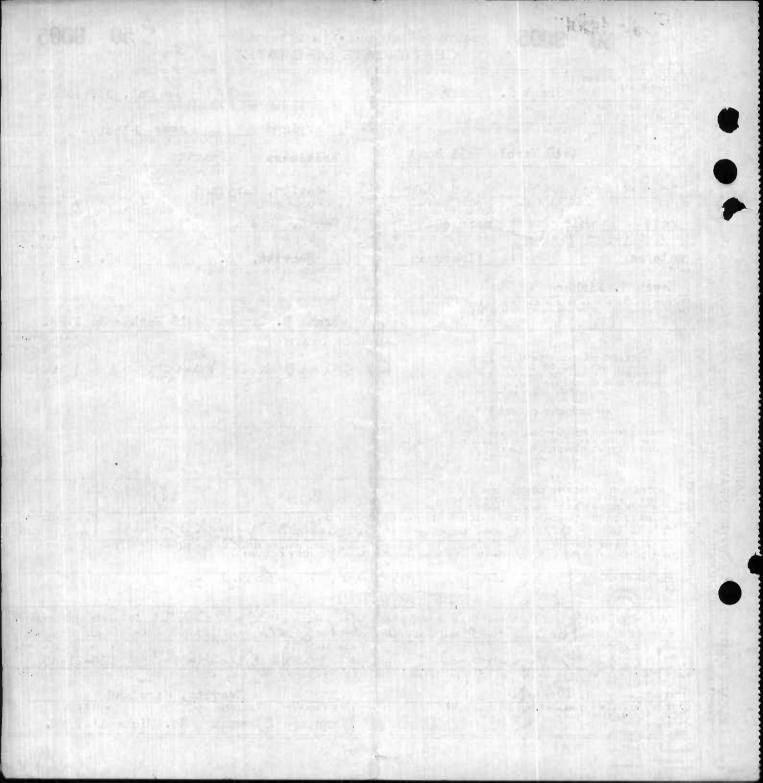
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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-	JU	0000
Regi	stered No.	

BIRTH NO.	CERTIFICATI	E OF DEATH
1. NAME OF DECEASED (Type or Print)		2. DATE OF O A DO TOTAL
Frank B	3. Fisher	DEATH UCT. 21, 1950
A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission
B. FULL NAME OF (If not in hospita	l or institution, give street address or	
HOSPITAL OR	location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and gi
4415 Marb	le Hall Road	Baltimere Neavitt township
	Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore	6 weeks Mos.	Neavitt, Maryland
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Il Under I Year If Under 24 Ho
male white	married	May 5, 1884 last birthday Months Days Hours Mi
10A. USUAL OCCUPATION (Givekind of	10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
waterman	Fisherman	WHAT COUNTR
13. FATHER'S NAME	risherman	Neavitt, Md. U. S.
Levin T. Fisher		
15. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16, SOCIAL	
(Yes, no or nnknown) (If yes, give war or dates	of service) SECURITY NO.	17. INFORMANT ADDRESS
		Frank E. Fisher 4415 Marble Hall Rd.
18. 157x	CAUSE	OF DEATH INTERVAL BETWE ONSET AND DEA
DISEASE OR CONDITION	DIRECTLY	
LEADING TO DEAT	H ()	"cinorna-lancreas luear
(This does not mean the mode of heart failure, asthenia, etc. It mean		
injury or complication which ca	used death.) OUE TO	
ANTECEDENT CAUS	ES	
	(B)	
DISEASES OR CONDITIONS, IF		
UNDERLYING CONDITION LAS	ST.	
O II OTHER SIGNIFICANT CONDIT		
П	(C)	
OTHER SIGNIFICANT CONDIT		
U TO THE DISEASE OR CONDITION	CAUSING IT.	
1 a		RATION Q LL 20. AUTOPSY?
2 7 0 6 3 6 7 6		vea had a market of the his yes No
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INDURY (e. g., ir about home, farm, factory, street, office bldg., e	n or 21C. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
OF INJURY	WHILE AT NOT WHILE	
	m. WORK L AT WORK L	0
22. I hereby certify that I atte	inded the deceased from	1950 to Oct. 21, 1950 that I last saw t
		rred at 3.30 m., from the causes and on the date stated about
23A. SIGNATURE	(2)	3B. ADDRESS. 23c. DATE SIGNE
1 Duning	7 / C M. D. 4	230 Noch Kowin 18kgd. 10-21-50
24A. BURIAL, CREMA. 24B. DATE TION, REMOVAL (Specify)	4c. NAME OF GEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State
Burial 10/24/50		Neavitt, Maryland
DATE RECEIVED BY REGISTRAR'S	the United to	25. FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	JE /OUDINO	Harmison & Newman St. Michael's, Md.
('L vc/150		

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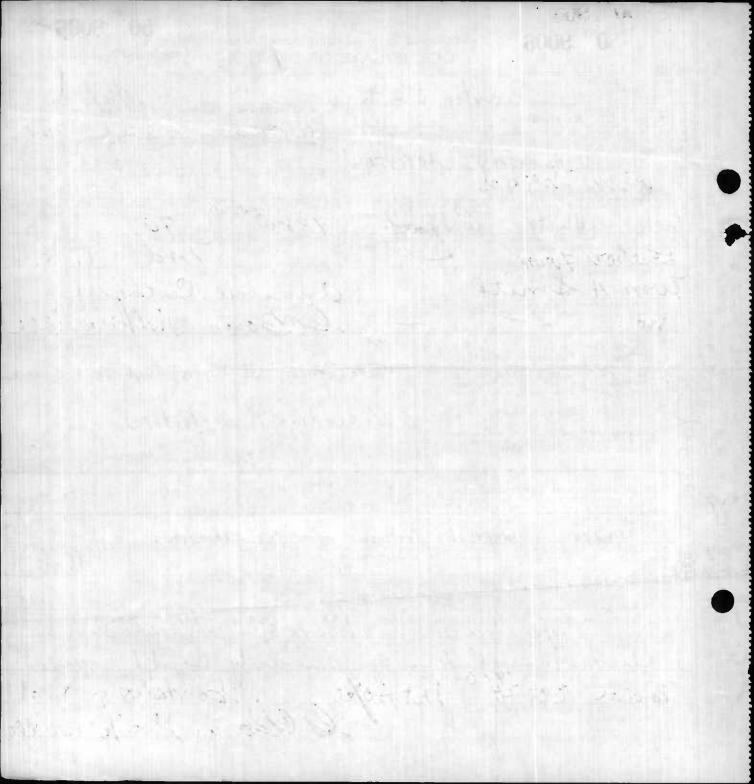


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IRTH	NO.			
	' '			

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X	50	9006
Re	gistered	No

BIRTH NO.	
1. NAME OF DECEASED Baxter Suith	2. DATE OF DEATH /0/21/50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived If intitution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give
INVERSITY HOCPITAL	township)
SAX Inlepa Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours
Male (Juite WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I Year last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
John From	md. WHAT COUNTRY?
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. MFORMANT ADDRESS I
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	GriBotton Wolkerswiele
18. 150 X CAUSE C	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	many of Japan Frankson Const.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	inoma of Upper Esophagous 6 montes
Z DISEASES OR CONDITIONS, IF ANY, GIVING	ostina 1 luctostores
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(c)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
191, Date of operation 198. Major findings of opera	Upper 13 2 Esaphaerus 20. AUTOPSY?
21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., etc.	or 21c. WHERE DID (If in Baltimore City, give exact location)
S CAUSE OF BEATH	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE	D 21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	23 1950 to 10/21 1999 that I last says the
deceased alive on 10/8/ 1950, and that death occurr	red at 12 m., from the causes and on the date stated above.
23A. SIGNATURE 23	BB. ADDRESS . 23C. DATE SIGNED
244 BURIAL CREMA- 248 DATE 10 AND SAC NAME OF CEMETER	University desputa / 0/2/50 PY OR CREMATORY 240, LOCATION (Chy, town, or county) (State)
TION, REMOVAL (Specify)	e bookboro mal
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. MERAL DIRECTOR
Jan Jan William Willia	My Worlow Walkersorlie
620	046
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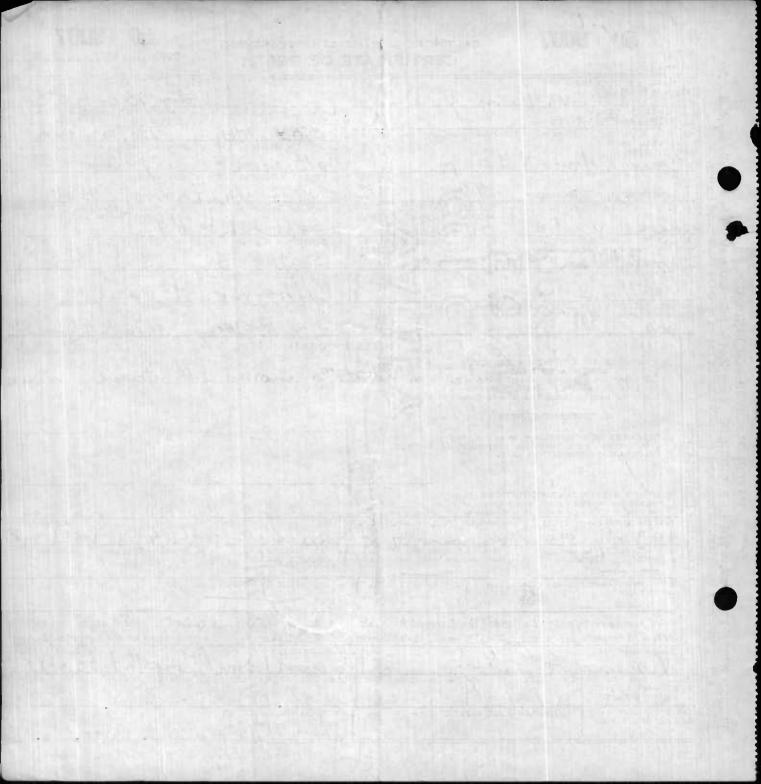
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KENE	INK.	please
MAKGIN KESEKVED FOR BINDING	PLEASE WRITE PI LY, WITH UNFADING INK. Every item of information should be c	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
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BALTIMORE CITY HEALTH DEPARTMENT

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gistered	No

BI	CERTIFICAT	E OF DEATH Registered No
1.	NAME OF DECEASED	2. DATE OF OF
	PLACE OF DEATH: Politican City Manyland	4. USUAL RESIDENCE (Where deceased lived. If institution; residence B. COUNTY / before admission)
В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR location	Md. Boltimore
	STITUTION & Home & Hosp	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
Married Street, or other Party Street, or oth	Length of stay in Baltimore SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
12	ngle white married (Specify	2 Sept 1881 69 Months Days Hours Min.
	A. USUAL OCCUPATION (Give kind of done during mount of a ping life, aven if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Voung	Catherine Kerw
15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	18. 15.14 CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	heart failure, asthenia, etc. It means the disease.	so Corcinoma of the Storoch 5 months
	injury or complication which caused death.) DUE TO	
Z	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING	
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC	_ (C)	
ERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
Ū	TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FINIS 19b. MAJOR F	RATION 20. AUTOPSY?
CAL	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY C. E.	in or 21c. WHERE DID (If in Baltimore City, give exact location)
EDICA	HOMICIDE (Specify) about home, farm, factory, street, office bldg.	
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURE OF INJURY	
	m. WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from 19.	arred at 1 20 Am., from the causes and on the date stated above.
		23B. ADDRESS 23c. DATE SIGNED
24	M. D AA. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) ABOVE 24C, NAME OF CEMETICAL SPECIFICAL SPECIFICATION SPECIFICATION SPECIFICAL SPECIFICATION S	ERY OR CREMATORY 24D. LOCATION (Sity, town, or county) (State)
	Burial 10/23/50 Holy Redee	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	26. FONERAL DIRECTOR ADDRESS
1	(I, VS 150	John H. Woran 3000 E. Balto, St.
11	24053	T 100%.



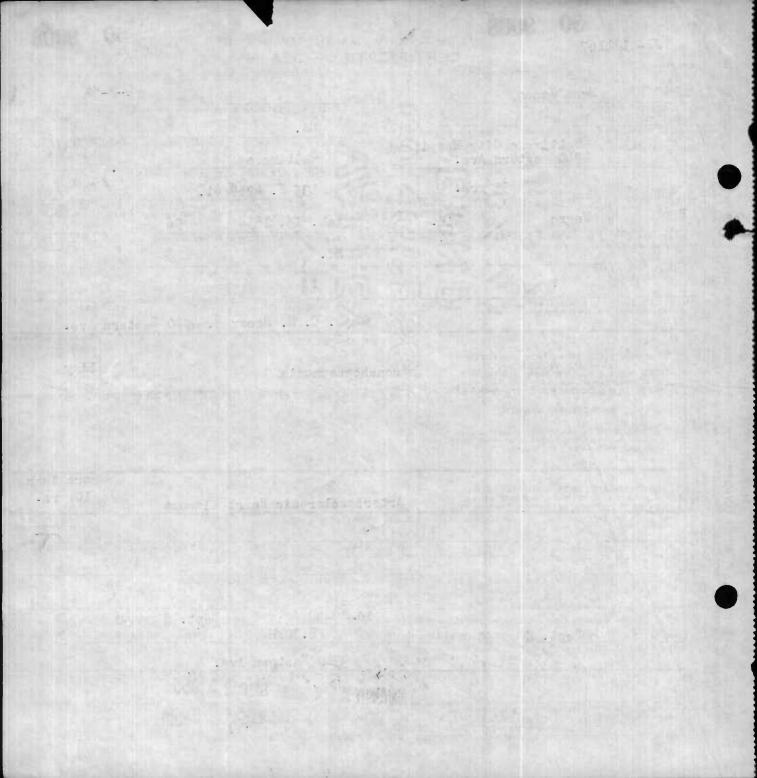
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

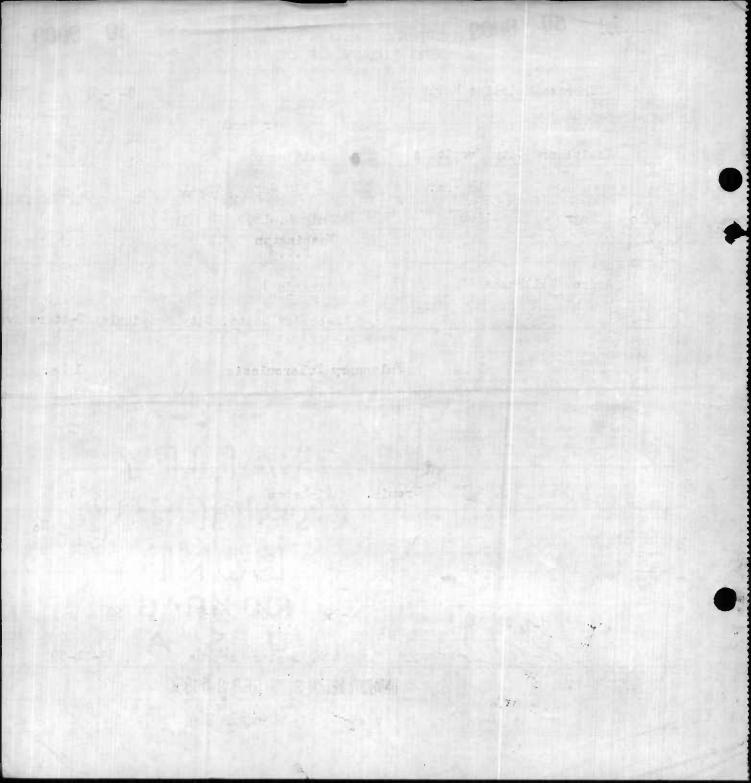
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В	IRTH NO.			CERTIFICATI	E OF DEATH	registere	4 110.
1.	NAME OF D Type or Print)	Emma Jones				2. DATE OF DEA'TH	9-8-50
B. H	PLACE OF D Baltimore (FULL NAME OSPITAL OR NSTITUTION	City, Maryland OF (If not in hospit Baltimor	e City	tion, give street address or Hospitals	C. CITY OR TOWN (I	Where deceased lived B. COUNTY	l. If institution: residence before admission) imits, write RURAL and give township)
	+	4740 ast	ern Ave	Yrs.	Baltimore D. STREET ADDRESS (If	3	-01
	Tongth of a	tay in Baltimore	55 yrs	Mos.	135 S. Bond		
	SEX	6. COLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours
	F	Negro	WIDOV	Wid. (Specify)	Feb. 15, 1854	last birthday)	Months Days Hours Min.
wor	k done during most	CUPATION (Give kind of of working life, even if retired)	IOB, KINE	O OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
1:	B. FATHER'S	NAME			14. MOTHER'S MAIDEN N	AME	1/
							V
(Y	s, no or unknown)	ED EVER IN U. S. ARMED (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	B. C. H. Records	s. 4940 Ess	ADDRESS
ERTIFICATION	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES						lday
CERT	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATI		oselerotic Heart	disease	more than 10 yrs.
1				FINDINGS OF OPER			20. AUTOPSY?
MEDICA	21A. ACCID LYING□ OI CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH	218. PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	n or 21c. WHERE DID (btc.) INJURY OCCUR?	If in Baltimore Cit	y, give exact location)
	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	2 IE. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
	22. I hereh	y certify that I att	ended the		-29-48 19 to	Sent. 8 10	50, that I last saw the
				account j	red at 8.30PMn., from t		
	23A. SIGNA		Olo		38. ADDRESS 4940 Eastern Ave		23c. DATE SIGNED
2 TI	4A. BURIAL, (S	CREMA- 248, DATE pecify)	9		MENCAL SCHOOL SEP 2		wn, or county) (State)
	ATE RECEIVE		SIGNATI	Mianis Me	25. FUNERAL PRECTOR	of Heekb	ADDRESS
	VS 150		1				

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ES-1409 M-4 BIRTH NO.	20	900g _A	LTIMORE CITY HI	EALTH DEPARTMENT E OF DEATH	50 Registered No.	9009
1. NAME OF (Type or Print)	Theresa Mad	eline l	Mills		2. DATE OF DEATH 9-9-5	60
B. FULL NAME	City, Maryland OF (If not in hospit	al or institut	tion, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland	herc deceased lived. If ins B. COUNTY	titution : residence before admissio
HOSPITAL OR INSTITUTION	Baltimore Ci	ty Hos	location)	Baltimore	outside corporate limits, v	vrite RURAL and gi townshi
c. Length of	stay in Baltimore		Yrs. Mos. Days	o. STREET ADDRESS HIS 236 Carey Str	eet /9	-02
Female	6.COLOR OR RACE	Widow	E, MARRIED. VED, DIVORCED (Specify)	0000	last birthday) Month	ei I Year Is Days Hours Mir
work done during mos	CCUPATION (Give kind of tof working life, even if retired)	10s. KINI	O OF BUSINESS OR INDUSTRY	D.C.		. CITIZEN OF WHAT COUNTR'
13. FATHER'S	Andrew Willba			Amanda ?		
(Yee, no or unknown	SED EVER IN U. S. ARMER (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Records* Balto.		Eastern A
Z O DISEASE	ISE OR CONDITION LEADING TO DEAT So not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUS ES OR CONDITIONS, IN THE ABOVE CAUSE (A) LYING CONDITION LA	F dying, e. and the discass aused death ses	E, (A) Pulmona le, oue to (B)	of DEATH ry Tuberculosis		1 Mo.
TO THE	SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE CAUSING I	remia.	Diabetes		1
ZIA. ACCI	DENT WAS UNDER-	21B. PLA	FINDINGS OF OPER ACE OF INJURY (e. g., ifferm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give	20. AUTOPSY? YES NONO (exact location)
210. TIME OF INJURY	(Month) (Day) (Year) by certify that Latt live on	(Hour) m.	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK deceased from 8 and that death occur	ED 21F, HOW DID INJURY	-9 , 19 <u>50,</u> t	date stated abov
24A. BURIAL, TION, REMOVAL (CREMA-I 24B, DATE	(Do	4c, NAME OF CEMETE	4940 Eastern Aver	DCATION (City, town, or	-11-50 (State
DATE RECEIVI	ED BY REGISTRAR	SSIGNATU	UNITED OF THE OF	25. FUNERAL DIRECTOR		ODRESS
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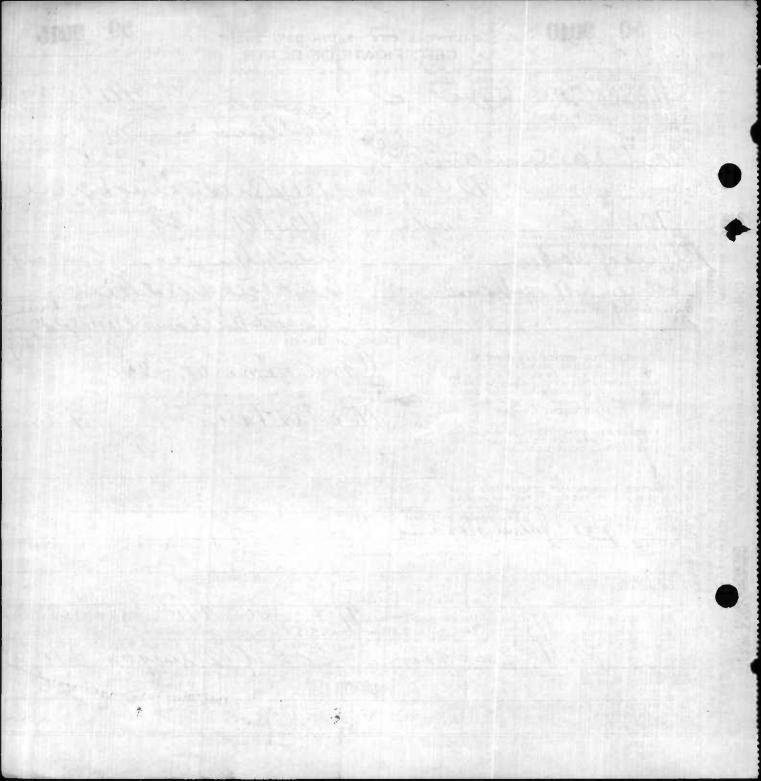
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ully	ribly.
PLEASE WRITE PI ALY, WITH UNFADING INK. Every item of information should be deally supplied.	cially important. Physicians: please write the causes of death clearly and legibly.
UNFADING INK. E	Physicians: please wr
TE PR ALY, WITH	especially important.
PLEASE WRIT	correct age is

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ВІ	G-7259010 E	SALTIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	50 Registered No.	901.0
(T	NAME OF DECEASED	MAN		2. DATE OF 9///	150
	Baltimore City, Maryland		A. STATE	here deceased lived. If in a	itution : residence before admission)
	FULL NAME OF (If not in hospital or inst	itution, give street address or location)		e me	d .
	STITUTION (: A C - C	becant.	c. CITY OR TOWN (If	outside corporate limits (w	township)
C.	Length of stay in Baltimore	O Yes, Mos. Days	D. STREET ADDRESS (If	rural, give location)	mu
	SEX 6. COLOR OR RACE 7. SIN	GLE MARRIED. OWED, DIVORCED (Specify)	8. DATE OF BIRT	9. 4GE (In year) If Under last birthday) Months	Year N Under 24 Hours Days Hours Min.
	door during most of working life even lightired)	IND OF SUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
12	FATHER'S NAME	INKNOWN	14. MOTHER'S MAIDEN N	ME G	sugland
1	Comment of U.		E ALLEN MAIDEN N	m. 11.	1
15	. WAS DECEASED EVER IN U. S. ARMED FORCES	7 I I6. SOCIAL	gyareck	Vudre	
(Ye	s, oo or onkoown (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT	ADDI	110110:
	18. / 63 \	CAUSE	OF PEATH	Chaus LIOI	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECT	B	OF DEATH		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying,	1/	PYCINIMA	of LYNG	
	heart failure, asthenia, etc. It means the di injury or complication which caused d	sease,			
			+ 1 .		
z	ANTECEDENT CAUSES	(B)/Y	e las tase	5	9 mas.
RTIFICATIO	DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING				
A	UNDERLYING CONDITION LAST.				
F		(C)			
RT	OTHER SIGNIFICANT CONDITIONS	CON-			
S	TRIBUTING TO THE DEATH, BUT NOT REI	ATED		***************************************	***************************************
		OR FINDINGS OF OFF	RATION		20. AUTOPSY?
CAL	1950 Jahres 1	top/lun	alemond		YES NO
EDI	21A. ACCIDENT, SUICIDE. 216. About he about he	PLACE OF INJURY (e. g., i me, arm, factory, street, office bldg.,		f in Baltimore City, give	exact location)
ME					
	2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY	WHILE ATT NOT WHILE		OCCUR7	
	m				
	22. I hereby certify that fattended t		1 K , 1950 to		hat I last saw the
		2, and that death occur		he causes and on the c	
	23A. SIGNATURE	1/11-110	3B. ADDRESS	2 level ha	3C. DATE SIGNED
2.	4A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D, L	OCAFIONIEMY, town, or	county) State)
TI	ON, REMOVAL (Specify)	INVIO	STY MEDICAL SOLUTION SEP	2 5 1950	
D	ATE RECEIVED BY REGISTRAR'S SIGNA	ATURE	25. FUNERAL DIRECTOR	AL JEST AL	DRESS
	DCAG REGISTRAR	USHING HOO	9 O COMMISSIONS	N Korb	

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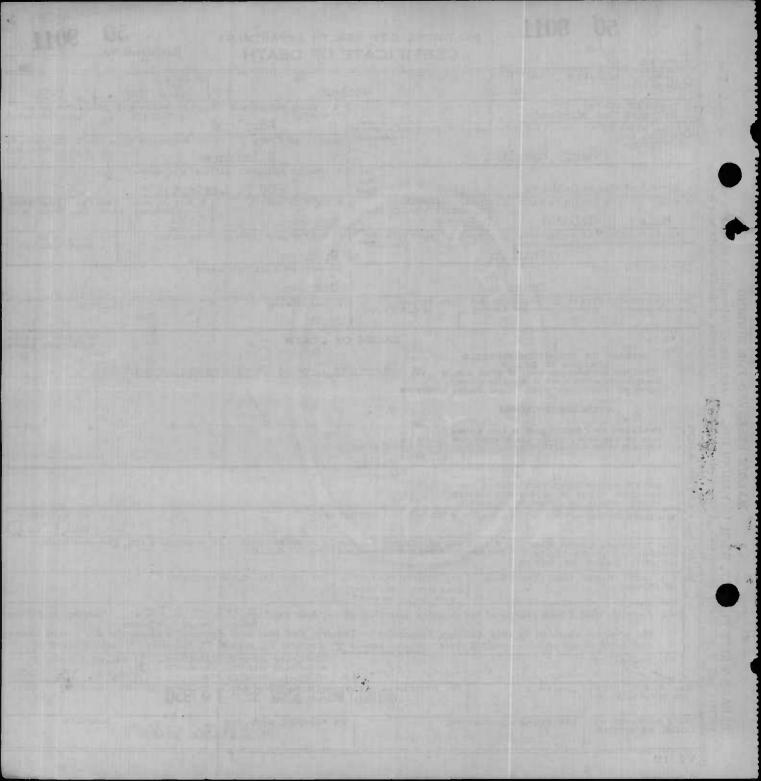


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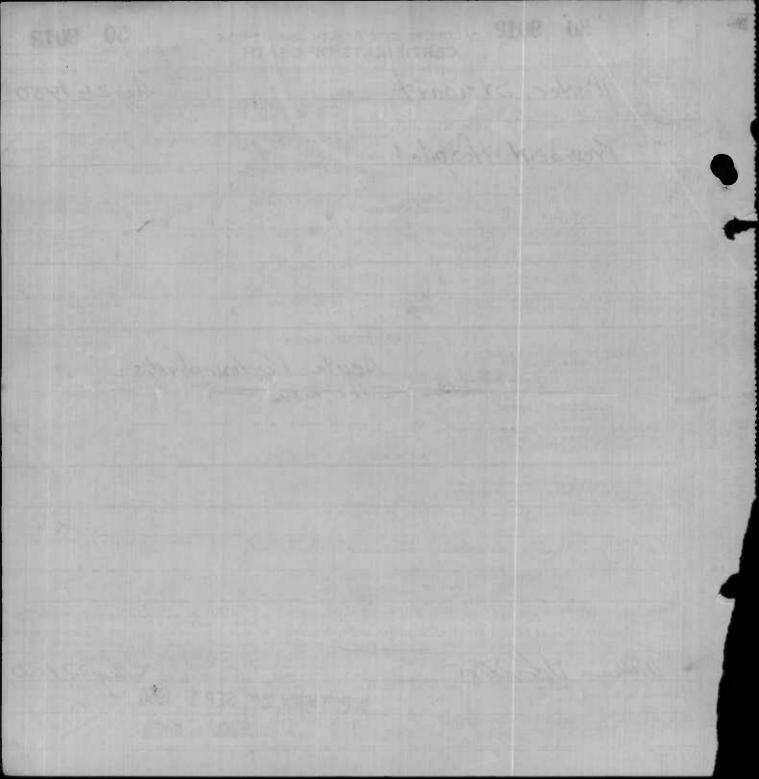
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	PLACEY, WITH UNFADING INK. Every item of information shound be callicially important. Physicians: please write the causes of death clearly and legibly.	
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5-32 BIRTH NO.	50 9011		EALTH DEPARTMENT E OF DEATH	50 Registered M	0 9011
1. NAME OF D (Type or Print)	DECEASED (Clare		•	2. DATE OF CO.	
3. PLACE OF E		agie Sto	okes	DEATH SEPT	
A. Baltimore	City, Maryland		A. STATE M	B. COUNTY	before admission
HOSPITAL OR	OF (If not in hospit	al or institution, give street address or location)		utside cornorate limit	s, write RURAL and gi
INSTITUTION	Mercy Hosp	ital	Baltimore		township
21	or of copp	Yrs.	D. STREET ADDRESS (If r		<i>G F</i>
c. Length of	stay in Baltimore	Mos. Days	808 E. Le	xington St.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years) H	Under 1 Year If Under 24 Hou
Male	Colored	Unknown (Specify)	Unknown	65	nths Days Hours Min
IOA. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	108, KIND OF BUSINESS OR	11. SIRTHPLACE (State or for		12. CITIZEN OF
- a done du mg most	Unkn		Unknown		WHAT COUNTRY
3. FATHER'S	NAME		14. MOTHER'S MAIDEN NA	ME	
	Unkn	om	Unknown		
15. WAS DECEAS	ED EVER IN U.S. ARMEI	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
	rknown		nknown		
RISE TO	ANTECEDENT CAUSES OR CONDITIONS, IN THE ABOVE CAUSE (A)	F ANY, GIVING STATING THE DUE TO			
OTHER :	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATEO			
The second second	OF OPERATION 1	9B, MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
UNDERLYIN	NAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, g	ive exact location)
	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
the ev	ridence obtained by eath in my opinion	ge of the remains described of said Autopsy, Inspection or resulted from: natural causes	Inquiry, find that said dec	ceased died on the homicide , u	ndetermined [].
117	CREMA-1 24B/DATE	24c. NAME OF THE STREET	ASSISTANT MEDICAL E. MEDICAL INVESTIGATO	XAMINER	ept. 15. 1950
DATE RECEIVE LOCAL REGIST		S SIGNATURE	25. FUNERAL PRECTOR	ner of Roelth	ADDRESS

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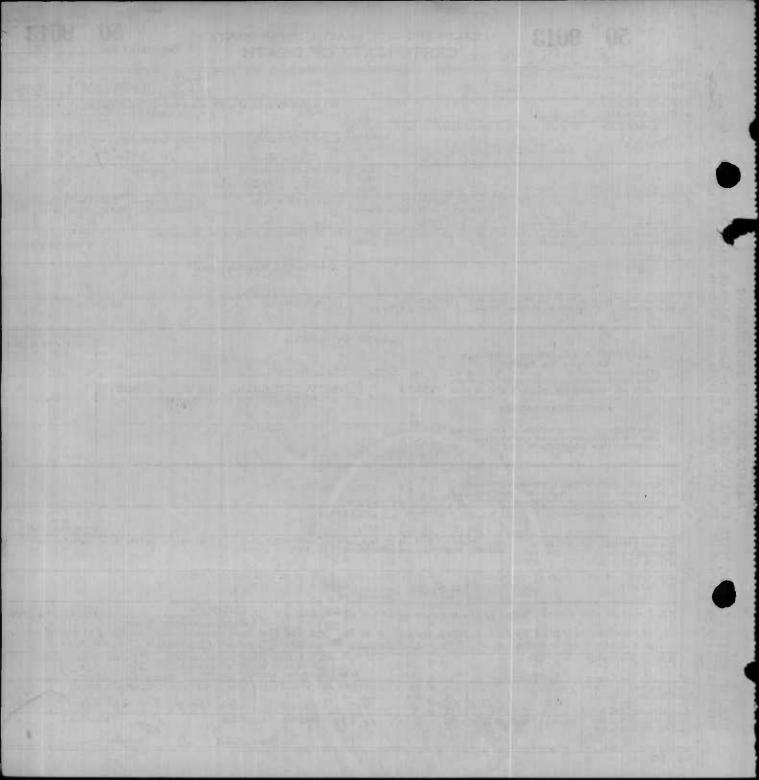


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	c. lly	legibiy.
	f information should be	es of death clearly and
	Every item of	write the cause
	Y, WITH UNFADING INK. E	Physicians: please
4	Y, WITH	I important.
	PLEASE WRITE PL.	correct age is especial

J-5	25 50 9013 50-25065		LTIMORE CITY HE	EALTH DEPARTMENT	r 50 Registered No	9013
1. NAME OF (Type or Print)	DECEASED B.	ABY		JENKINS	2. DATE OF SEPTEM	BER 4, 1950
3. PLACE OF A. Baltimore B. FULL NAME	City, Maryland	al or institu	tion, give street address or	A. STATE	(Where deceased lived, If in B. COUNTY	stitution : residence before admission
HOSPITAL OR	906 Peac		location)		(If outside corporate limits,	write RURAL and give township
c. Length of	stay in Baltimore		Yrs. Mos. Days	906 Peach St		
5. SEX Female	6. COLOR OR RACE	WIDOV	e, married, ved, divorced (Specify) Infant	8. DATE OF BIRTH		nder I Year H Under 24 Hours hs Days Hours Min.
10A. USUAL O work done during mos	CCUPATION (Give kind of tof working life, even if retired)	10B. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or K	foreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	
15. WAS DECEN	SED EVER IN U. S. ARMEI (If you, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT N	ADI	ORESS
Z DISEAS RISE TO UNDERI	ES OR CONDITION LANDING TO DEA LEADING TO DEAL LEADING	TH of dying, e. ons the disea caused deat SES F ANY, GIVI STATING T	g. (A)Congen se, h.) xxxxxxx (I (B)	ital heart disea nterventricular		ONSET AND DEATH
TRIBUTIN	SIGNIFICANT CONDING TO THE DEATH, BUT OISEASE OR CONDITION	NOT RELAT	EO		H ===== #==	
U 19A. DATE			FINDINGS OF OPER	ATION		20. AUTOPSY?
UNDERLYI	RNAL CAUSE WAS NG OR CONTRIB- CAUSE OF DEATH.		ACE OF INJURY (e. g., in farm,factory,street,office bldg.,e		(If in Baltimore City, giv	e exact location)
	(Month) (Day) (Year)		21E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?	
the e	vidence obtained by	said Aut	remains described a opsy, Inspection or I		COPSY 7, Inspection or Inquiry deceased died on the	thereon and from day stated above determined \(\square. \)
23A. SIGN.	liam Voort	4	М	23B. CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER 23c.	9-5-50
24A. BURIAL, TION, REMOVAL	un 1/25	150	Balto. aty	Morgue 70	- / / / -	- Balts Md
LOCAL REGIS			Allia iz, M	25. FUNERAL DIRECTOR	e S Fra	ADDRESS
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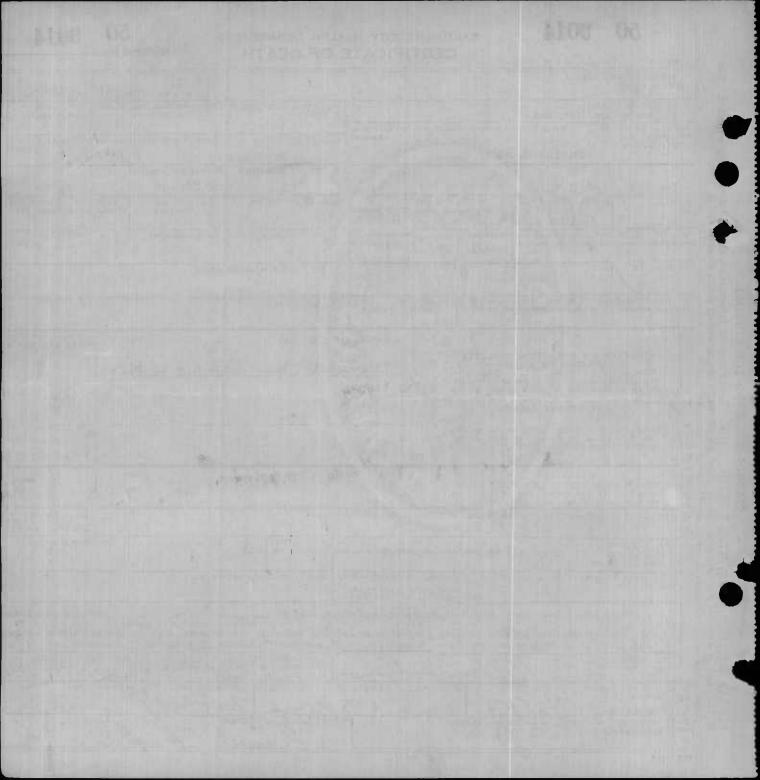
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	DIRTH NO. 50-25 694		CERTIFICAT			ed No	
1	. NAME OF DECEASED				2. DATE		
	Type or Print)	BY	BELTON	120	OF	ugust 10, 1950	
	. PLACE OF DEATH: . Baltimore City, Maryland			4. USUAL RESIDEN		ed. If institution: residence	
E		tal or institut	ion, give street address or location)	Maryla c. CITY OR TOWN	and	limits, write RURAL and give	
	Provident	Hospita		Baltin	more /	township	
	Length of stay in Baltimore		Yrs. Mos.		ss (If rural, give location xford Street	n)	
	. SEX 6. COLOR OR RACE	1 MARIE CANA	Days E. MARRIED. ZED. DIVORCED (Specify)	8. DATE OF BIRTH			
-	Male Colored	0		U		1 lours Min.	
WO.	OA. USUAL OCCUPATION (Give kind of the done during most of working life, even if retired)	IOM KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY	
1	3. FATHER'S NAME	1	0	14. MOTHER'S MAIL	DEN NAME		
-			7.	0	1.1		
(Y	5. WAS DECEASED EVER IN U. S. ARME es, no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	N	ADDRESS	
FICATION	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It me injury or complication which ANTECEDENT CAUSE DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	TH of dying, e. g ans the diseas eaused death SES F ANY, GIVIN STATING TH	(B)		rhage due to b	irth	
ERTI	OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	D				
0	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?	
EDICAL	UNDERLYING OR CONTRIB. about nome, tarm, tectory, etreet, omoe bidg., etc.)						
Σ							
	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐. 23A. SIGNATURE ☐ 23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED						
72 T.	4A. BURIAL. CREMA- 246. DATE ON. REMOVAL (Specify)	13			24d. LOCATION (City, to	August 23, 1950 Lown, or county) (State)	
	TATE RECEIVED BY REGISTRAR	marine "BAL 4 III	RE LA DE	25. FUNERAL DIRE	CTOR CHAST	ADDRESS	

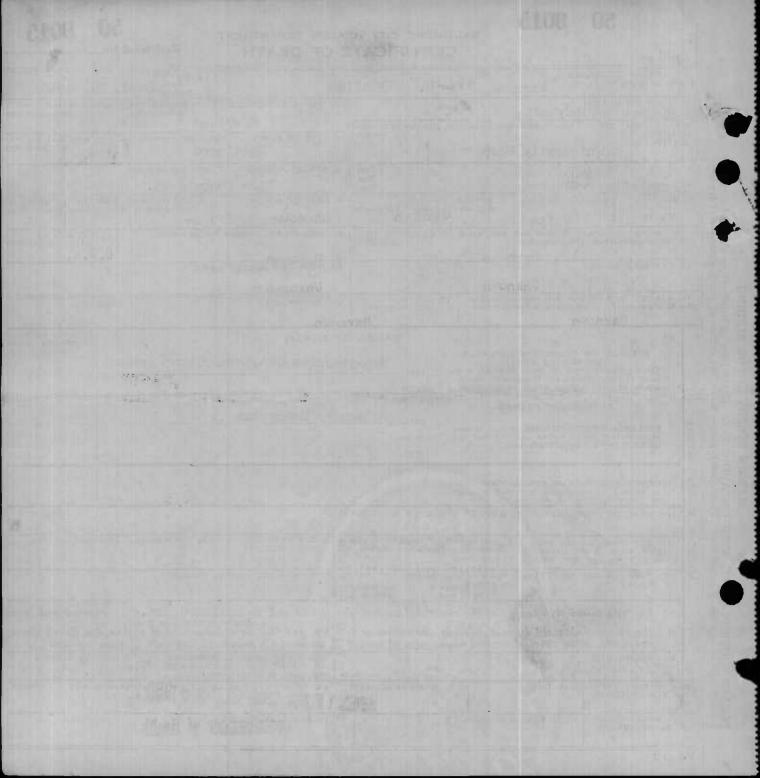
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BI	H-2.	52	8			E OF DEATH	Registere	d No.	9015
1. (Ts	NAME OF Dependent		rren	R.	HAWK	ins	2. DATE OF Sep	t. 21.	. 1950
	PLACE OF E	City, Maryland				4. USUAL RESIDENCE (. If institu	
B. F	ULL NAME		spital or insti	tution, give str	reet address or location)	Maryla	and		
	STITUTION	Universit	y Hospi	tal	100401011)	c. CITY OR TOWN (II	outside corporste li	8-6	e RURAL and give township
с.	Length of s	stay in Baltimor	e		Yrs. Mos. Dsys	D. STREET ADDRESS (IF	rural, give location) nbard St.		
	Male	6.COLOR OR RA	WID	OWED DIVOR	RCED (Specify)	8. DATE OF BIRTH Unknown	9. AGE (In yesrs lsst birthday)	If Under 1 Y Months D	Year H Under 24 Keer Days Hours Min
10A	done during most	CUPATION (Give ki of working life, even if ret	ired)	ND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	W	ITIZEN OF HAT COUNTRY
13.	FATHER'S	NAME	nkhown			14. MOTHER'S MAIDEN N.	AME	U.S.	Α.
4 800			nknown			Unknown			
Yes,	no or unknown)		MED FORCES: dates of service)		JRITY NO.	17. INFORMANT		ADDRES	SS
_	18. 41/2	iknown		1		OF DEATH		line	TERVAL BETWEE
ATION	RISE TO T	ANTECEDENT C. S OR CONDITION THE ABOVE CAUSE YING CONDITION	S, IF ANY, GI	THE DUE	то	onary Emphysema			
ERTIFICATION	TRIBUTING	II BIGNIFICANT CO G TO THE DEATH, E	UT NOT REL	ATED					
AL C		OF OPERATION		R FINDING	S OF OPER	ATION		2	O. AUTOPSY?
읽	UNDERLYIN	NAL CAUSE WAS G OR CONTR CAUSE OF DEA	IB. about hon	LACE OF 1N. ne, farm, factory, st	JURY (e. g., i treet, office bldg., c	n or 21c. WHERE DID (I	f in Baltimore City	, give ext	act locstion)
Σ	21d. TIME OF INJURY	(Month) (Day) (Y	ear) (Hour) m.	WHILE AT WORK	NOT WHILE	ED 21F. HOW DID INJURY	OCCUR?		
	22. I certify that I took charge of the remains described above, held an Inspection & Ing. thereon and f Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated ab and death in my opinion resulted from: natural causes A accident A suicide A homicide A undetermined A.						stated above		
	23A. SIGNA	TURE when I.	Du	lace	lier M	238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	EXAMINER	Sept.	re signed . 21, 1950
1101	N. REMOVAL (S	CREMA- 124B, DAT	E.	24c. NAME	OF CEMETE	STY HEDICAL SCHOOL SET	7 8 1950. to	vn, or cour	nty) (State)
	TE RECEIVE CAL REGIST		AR'S SIGNA	TURE L		25. FUNER CONTINUES	r of Health	ADDF	RESS

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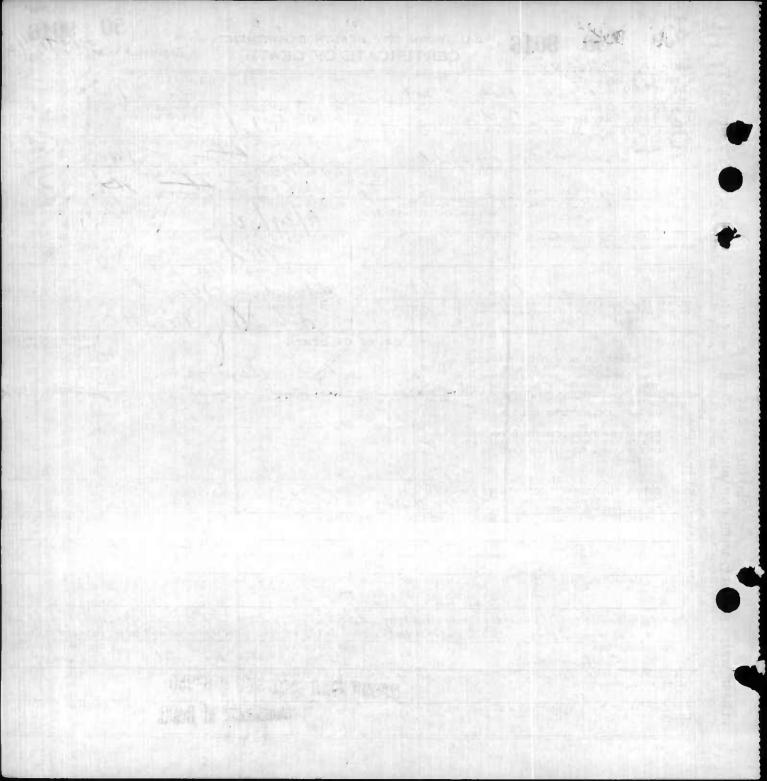


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	W- 230 50 9016 BALTIMORE CITY HE CERTIFICATE		50 9016//2 No. 39376//2				
1.	NAME OF DECEASED ype or Print) Body Roy Wast	2. DATE OF	120/2-0				
	PLACE OF DEATH: Baltimore City, Maryland Balt.	4. USUAL RESIDENCE Where deceased lived. A. STATE B. COUNTY	If institution: residence before admission)				
H	FULL NAME OF (If not in hospital or institution, give street address or obspital OR location) ISTITUTION WWW.rity Wasputf	C. CITY OR TOWN (If outside corporate lim	its, write RURAL and give township)				
c.	Length of stay in Baltimore	D. STREET ADDRESS (If rural, give location)	St				
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday)	H Under 1 Year H Under 24 Hours 1 Onths Days Hours Min.				
10 wor	A. USUAL OCCUPATION (Give kind of k done during most of warking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13	Granes Arrest	14. MOPHER'S MAIDEN NAME					
15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? e, no nr unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT Wist	Abdress				
ICATION	DISEASE OR CONDITION DIRECTLY	of DEATH wibrol damage	INTERVAL BETWEEN ONSET AND DEATH				
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON-	turity					
AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?				
EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or local line) ebout home, farm, factory, street, office hidg., etc.) 21C. WHERE DID (If in Baltimore City, give local line) in Baltimore City, give local line line line line line line line lin						
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 9/18, 1950, to 9/20, 1950, that I last saw the deceased alive on 9/20, 1950, and that death occurred at 8.50 km., from the causes and on the date stated above.						
		Vinnersity Haspital	23c. DATE SIGNED				
2 TI	4A. BUFUAL, CREMANDATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	MEDICAL SCHOOL SEP 2 8 1950 (City, tow	n, or county) (State)				
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	9 O Health	ADDRESS				
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LTH	ITH UNFADING INK.	INK.	Ever	y ite	item of info	infe	ormati	on		ald be	pe	-0	ully sa	y sa	y sapplied.	The	
nt.	Physicians: pl	pleas	e write the causes of death	the	cause	of of	death c	cle	arr	yar	nd la	egib	ly.				

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL DESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution rive street address or HOSPITAL OR location' (If outside corporate limits, write RURAL and give INSTITUTION A O. STREET ADDRESS (If rural, give location) our c. Length of stay in Baltimore AGE (In years | Hunder | Year | Index 24 Hours | James 24 Hours | Months | Days | Hours | Min. SEX 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIR 9. AGE (In years WIDOWED, DIVORCED (Specify) marries 104 USUAL OCCUPATION (Rive kind of york done during most of working life, wen if retired) 11. BIRTHALACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknnwn) (If yes, give war nr dates of service) SECURITY NO. INTERVAL BETWEEN 18. 260 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Cormany Throm boser (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES - Dio Varantal di sense NOIL (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUF TO UNDERLYING CONDITION LAST. ERTIFICA (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION / 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in nr 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout hnme, farm, factory, street, nflice bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE 30 10 16 - 2/ , 19 12, that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 16 - 1, 194 . and that death occurred at 1 m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 7314-21. North 1/200 24D. LOCATION (lity, town, or county) 24A BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) DATE RECEIVED BY DDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR Lewister 13 - FIMEY (1) V\$ 150

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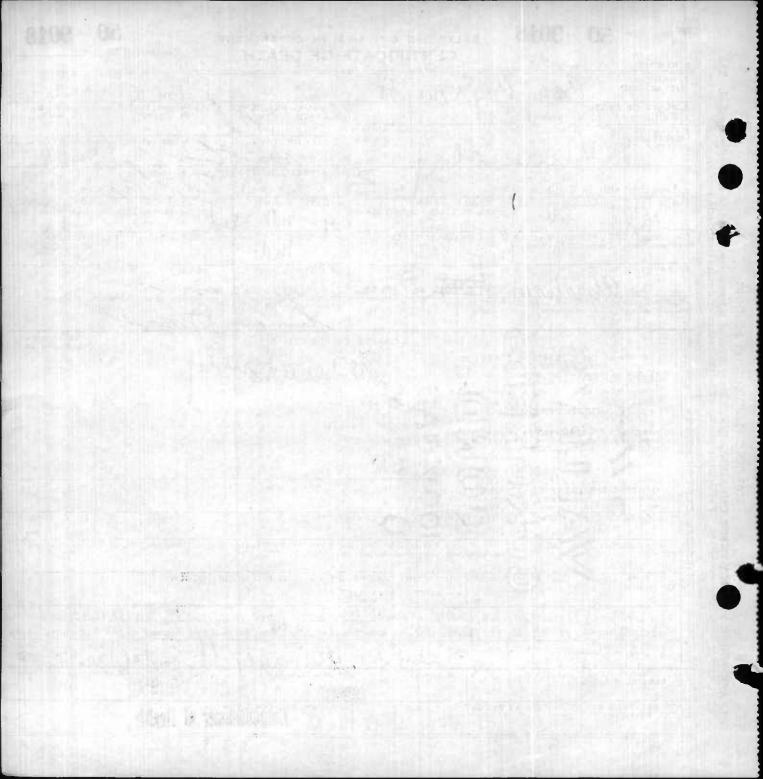
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	PLEASE WRITE PA ALY, WITH UNFADING INK. Every item of information a	correct age is especially important. Physicians: please write the causes of death clearly and legibly
		-

K	D-6530 9018 DOKN BIRTH NO. 50 - 22498 CERTIFICATE		9018				
	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland	2. DATE OF DEATH OF DEATH A. USUAL RESIDENCE Where deceased lived. If instance is county	titution: residence before admission)				
	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If opiside corporate limits, v	write RURAL and give (ownship)				
	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	9-30 Month	lei 1 Year If Under 24 Hours As Days Hours Min. 2. CITIZEN OF				
	13. FATHER'S NAME 15. WAS DECEASED EVER IN 0, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	14. NOTHER'S MAIDEN NAME 17. INFORMANT ADD	WHAT COUNTRY?				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	of DEATH Corn.	INTERVAL BETWEEN ONSET AND DEATH				
	ANTECEDENT CAUSES ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED						
	TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office hidg., e	n or 21C. WHERE DID (If in Baltimore City, give	20. AUTOPSY? YES NO exact location)				
	21b. TIME (Month) (Dsy) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from 10 deceased alive on 10/3, 19, 10, and that death occur 23A. SIGNATURE 12 24A. BURIAL, CREMA, 24B. DATE 24C. NAME OF CEMETER TION, REMOVAL (Specify)	red at 3 m, from the causes and on the causes an	10500 TO				
	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE LOCAL REGISTRAR REGISTRAR'S SIGNATURE (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	9 O Compussioner of Health	DDRESS				
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	EALTH DEPARTMENT	50 Registered No
1. NAME OF DECEASED (Type or Print) Baby Long Lunge		2. DATE OF DEATH 10/9
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (W	here deceased lived. If instit
B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location		outside corporate limits, wr

before admission) ite RURAL and give township) Reltina D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5 SEX 6. COLOR DR RACE Female 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) | Months: Days | Hours : Min. WIDOWED, DIVORCED (Specify) 10/1/50 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTR 6.5. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lenny 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO 40 755 W. mulberry S. INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONu TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that I attended the deceased from 16/1/50 19 to 10/8/50, 19 that I last saw the and that death occurred at Time. m., from the eauses and on the date stated above. deceased alive on 10/8 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED M. D. 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR town, or county) DATE RECEIVED BY REGISTRAR'S SIGNATURE DIRECTOR 25. FUNERAL **ADDRESS** LOCAL REGISTRAR

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6-6-50 9020 BALTIMORE CITY HE	50	9020
CEPTIFICATE		
BIRTH NO. 50 - 20646	2. DATE	
(Type or Print) Baby Bay Carter	OF DEATH 9-29	7-50
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If ins	titution : residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR	C. CITY OR TOWN (If outside corporate limits, w	rite PHPAT and give
INSTITUTION University Hosp.	Backo 200	township)
c. Length of stay in Baltimore	D. STREET ADDRESS (14 rural, give pocation)	8t.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		et l Year Is Days Hours Min.
10A. USUAL OCCUPATION (Give kind of OB. KIND OF BUSINESS OR work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Mayland	
13. PATRERS MAME	14. MOTHER'S MAIDEN NAME ROSena Col	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMAND A ADD	ASE
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	The same of the sa	Tial.
18. 77/ 4 CAUSE C	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	maturity	
injury or complication which caused death.) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
UNDERLYING CONDITION LAST.		
11		
C OTHER SIGNIFICANT CONDITIONS CON-		13 14 14 16
TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.	ATION	YES NO
LYING OR CONTRIBUTING aboot home, farm, factory, atreet, office bldg., e		exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY	2 1F. HOW DID INJURY OCCUR?	
m. WHILE AT NOT WHILE		
	-25 , 190, to 9-29 , 1950,	hat I last saw the
deceased alive on 9-29, 1950, and that death occur		
VARIAGINA M. D.	Musesty Km.	9-29-68
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or	county) (State)
UNIVERS	TY MEDICAL SCHOOL UCI I I LISOU	

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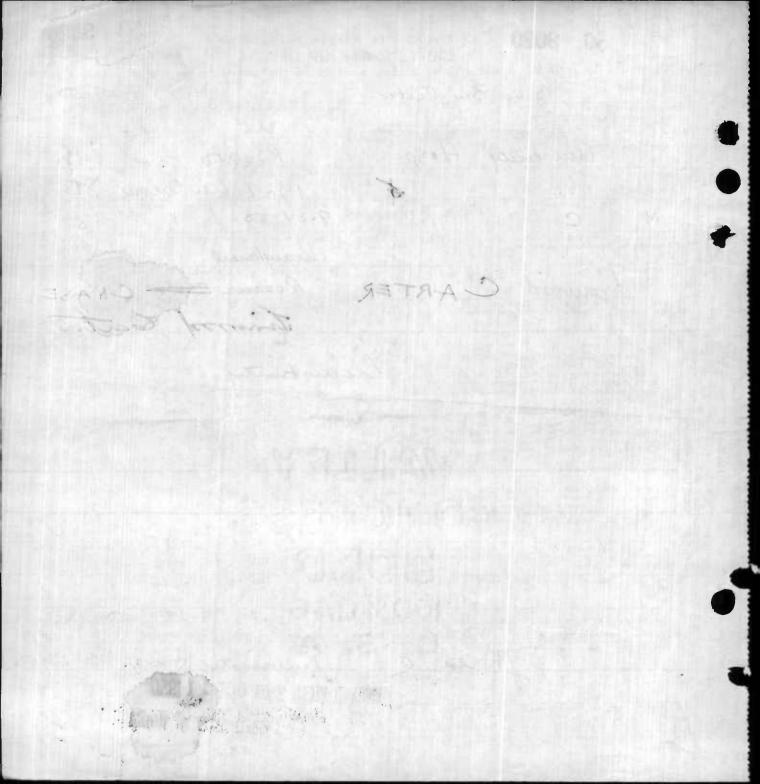
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LOCAL REGISTRAR

REGISTRAR'S SIGNATURE



	5 3 50 9021 BALTIMORE CITY HE		50 9021
В	IRTH NO. 50-28819 CERTIFICATI	E OF DEATH	Registered No.
	NAME OF DECEASED (Type or Print) BABY STRONG		2. DATE OF October 6, 1950
A	PLACE OF DEATH: Baltimore City, Maryland	A. STATE	here deceased lived. If institution: residence B. COUNTY before admission
H	FULL NAME OF (If not in hospital or institution, give street address or location) STITUTION Baltimore City Hospital		outside corporate limits, write RURAL and giv
C	Yrs. Mos. Days	D. STREET ADDRESS (If)	
5.	female white single MARRIED (Specify)	8. DATE OF BIRTH Oct. 6, 1950	9. AGE (In years If Under 1 Year In Under 24 Hours Min Days Hours Min 2-3
wor	OA. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12. CITIZEN OF WHAT COUNTRY
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NA Myrtle Strong	ME
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	et of newborn	
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?
MEDICA	22. I certify that I took charge of the remains described a	1 INJURY OCCUR? 4823 0 1 Donald ED 21F. HOW DID INJURY I gnorance of po Autopsy, I	Street occur? stnatal care of newborn & Inspection thereon and from
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	1 23B CHIEF MEDICAL E	[]. homicide □, undetermined □.
2.	William Vacott	ASSISTANT MEDICAL E.D. MEDICAL INVESTIGATORY 24D LC	OCATION (City, town, or county) (State)
D.	ATE RECEIVED BY REGISTRAR'S SIGNATURE	MEDICAL SCHOOL OCT 1.3	ADDRESS ADDRESS
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IRTH NO.	50-	20576

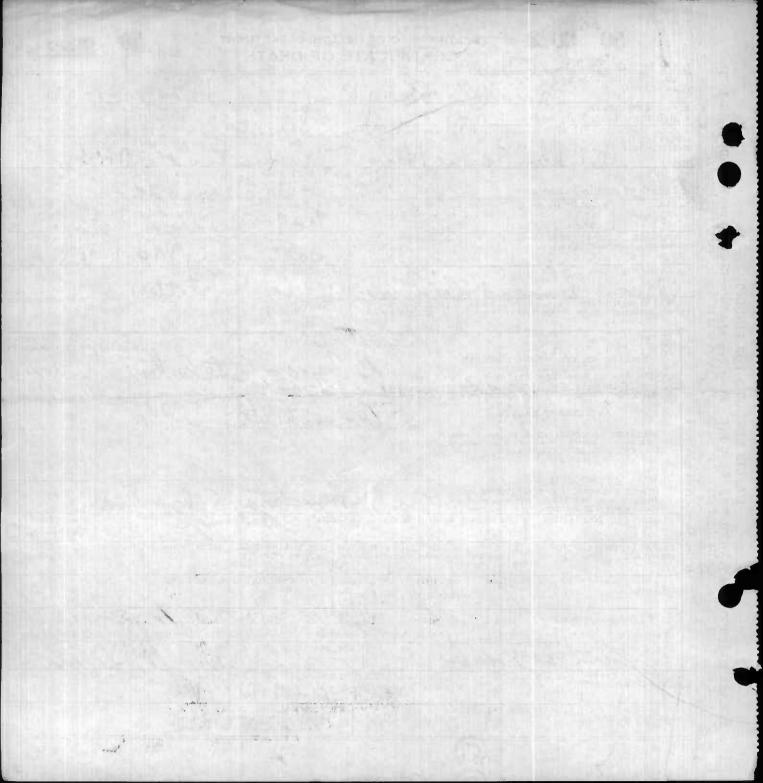
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Regist	ered No	9022

	BI	RTH NO. 50-20.576 CERTIFICATE OF DEATH Registered No.
		NAME OF DECEASED Reights Balu Bay 2. DATE OF DEATH 10-1-50
		PLACE OF DEATH: 4. USCAL RESIDENCE (Where deceased lived, If institution: residence Baltimore City, Maryland A. STATE B. COUNTY before admission)
	HC	FULL NAME OF (If not in hospital or institution, give street address or location) SPITAL OR STITUTION C. CITY OR TOWN. (If outside corporate limits, write RURAL and give street)
	4	Trankler Square Harp Marriotterille Ma. township) O. STREET ADDRESS Alf rural, give location
		Length of stay in Baltimore Mos. Wards Change Rd. 6200
	5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 1. AGE (In years last birthday) Months: Days Hours Min.
	rork	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY?
	13	FATHER'S NAME
	15 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? In no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRESS
-	1	18. 766.5 CAUSE OF DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
	Z	ANTECEDENT CAUSES Prema tiret 2 lbs.
	CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.
	RTIFICA	II (C)
3 11	CER	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION (LINE 19a. AUTOPSY?
	EDI	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? (If in Baltimore City, give exact location) INJURY OCCUR?
	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE
		22. I hereby certify that I attended the deceased from John 1950 to John, 1950, that I last saw the
		deceased alive on, 19, and that death occurred at m., from the causes and sh the date stated above.
		23A. SIGNATORE ST. Cherenger M.O. Fronklin Square Ary. 23c. DATE SIGNED
0	Z4 TIC	A. BURIAL, CREMA- ON, REMOVAL (Specify) 248. DATE 246. NAME OF CEMETERY OR CREMATORY 248 LOCATION (City, town, or county) (State)
		ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS

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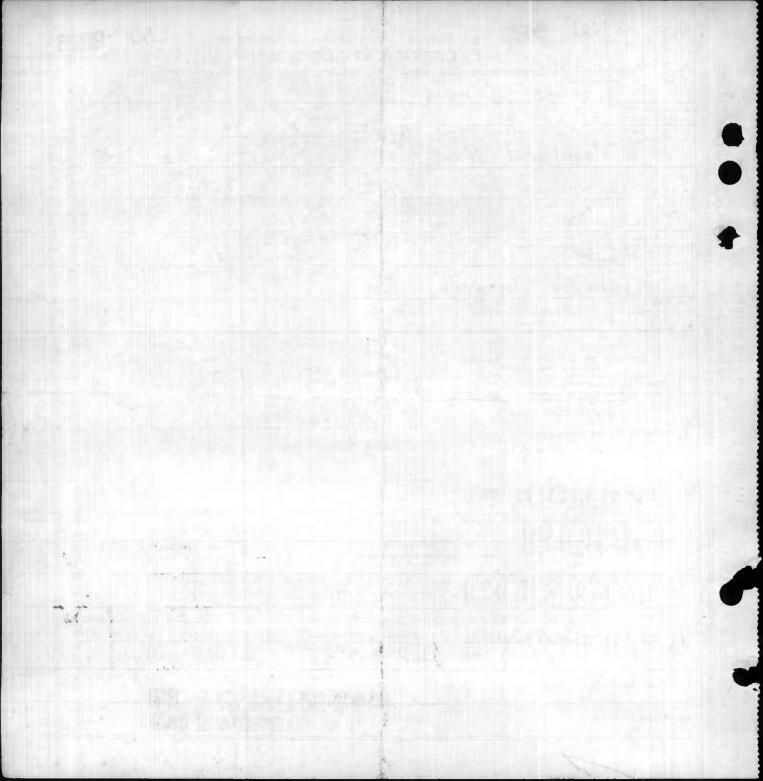
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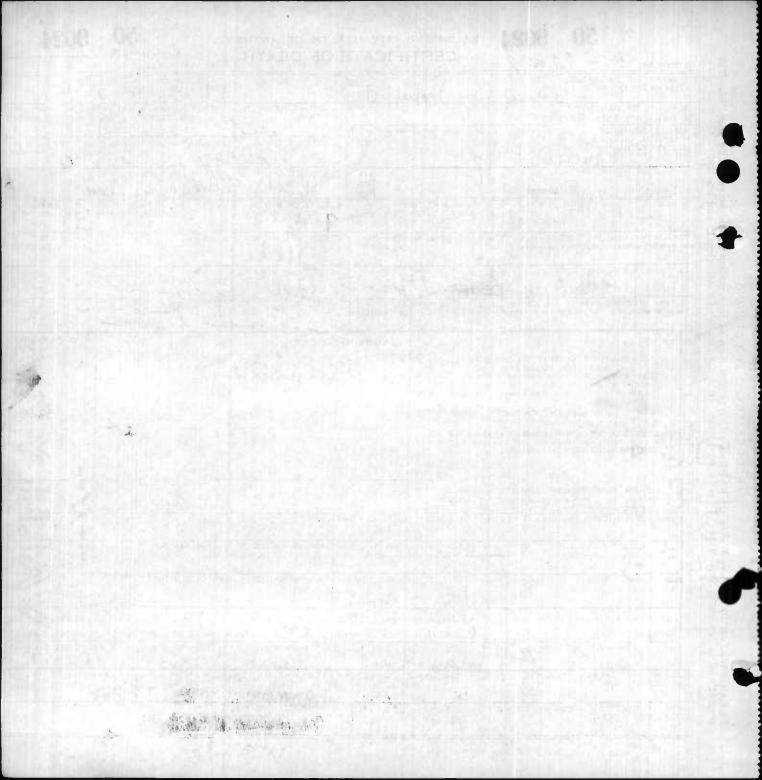
	G-6130 9023 BALTIMORE CITY H	FALTH DEPARTMENT 50 C	0000		
ВІ	BIRTH NO. 50-19070 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.				
1.	NAME OF DECEASED ype or Print) George Graves	2. DATE OF DEATH 9//3	150		
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY	titution: residence before admission)		
H	FULL NAME OF (If not in hospital or institution, give street address or location)				
-	Provident Hospital	Baltimore 7 = 6 D. STREET ADDRESS (If rural, give location)	township)		
	Length of stay in Baltimore Mes. Days	692 P. B-CB St			
	Male Regro 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify,	9/9/50 last birthday) Months	n 1 Year II Under 24 Hours Days Hours Min.		
work	A. USUAL OCCUPATION (Give kiod of k done during most of working life, even if retired)	Maryland	CITIZEN OF WHAT COUNTRY?		
13	Alphonso Graves	14. MOTHER'S MAIDEN NAME Mamie Courts			
15 (Yei	WAS DECEASED EVER IN U. S. ARMED FORCES? Do or onboowo) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS		
	12717	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	genital Heart Defect	4 days		
7	ANTECEDENT CAUSES	telectesis	4 days		
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
TIFI	[[_(C)				
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
MEDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg.,		exact location)		
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK				
	22. I hereby certify that I attended the deceased from 9	-12 ,1950, to 9 - 13 , 1950, tl			
		arred at 10:30Am., from the causes and on the a	date stated above.		
	m. E. DuBinelle M. Hom	Provident Hospital	9-14-50		
710	AA. BURIAL, CREMA- DN, REMOVAL (Specify)	PKINS MEDICAL SCHOOL OCT & 1950	county) (State)		
(40	ATE RECEIVED BY REGISTRAR'S SIGNATURE		DDRESS		

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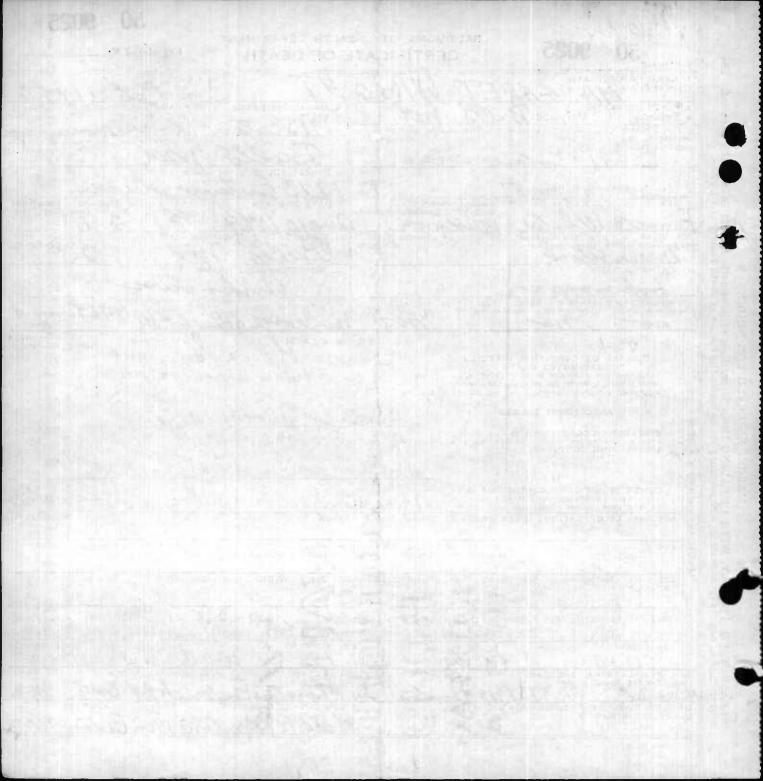


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17	50 9024 BALTIMORE CITY HEALTH DEPARTMENT 50 9024			
B		E OF DEATH Registered N	Io	
1	NAME OF DECEASED Bype or Print)	/ 2. DATE		
	Jaky Long Dow D		2-50	
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution : residence before admission	
H	FULL NAME OF (If not in hospital or institution, give street address of DSPITAL OR location		write PIIDAI and giv	
11	ISTITUTION LUW. Ans.	Bult 2	8-4/ township	
	Yrs.	D. STREET ADDRESS (If rural, give location)		
-	Length of stay in Baltimore 3 Mos.		we	
5	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Mo	under 1 Year H Under 24 Hours nths Days Hours Min.	
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY	
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	Chapay toon	+ anne Len		
1! (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or detes of service) 16. SOCIAL SECURITY NO.	17. INFORMANT AI	DDRESS	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	of DEATH	INTERVAL BETWEE	
_	ANTECEDENT CAUSES			
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	H S S S S S S S S S S S S S S S S S S S		
RTIFI	(c)			
Ш	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?	
CAL			YES NO	
EDI	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21a. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.		rive exact location)	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY WHILE AT WORK AT WORK AT WORK			
	22. I hereby certify that I attended the deceased from 1	0-2 1956, to 10-2, 195	Pthat I last saw th	
	deceased alive on 10 -2-, 1900, and that death occu	erred at You Am., from the causes and on th	e date stated above	
	(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23B ADDRESS -	23c. DATE SIGNED	
2 TI	4A. BURIAL. CREMA 24B. DATE 24C. NAME OF CEMET	HENDERGIA SOMESTICAL OF THE PROPERTY OF THE PR	or county) (State)	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. TOTAL DIRECTOR OCT 119	ADDRESS	
L	OCAL REGISTRAR 1 9 5 0 0 0 0	9 0 Commissioner of Health		
	VS 150	4 7 4 . T Sent on	159.0	
	///LSW			



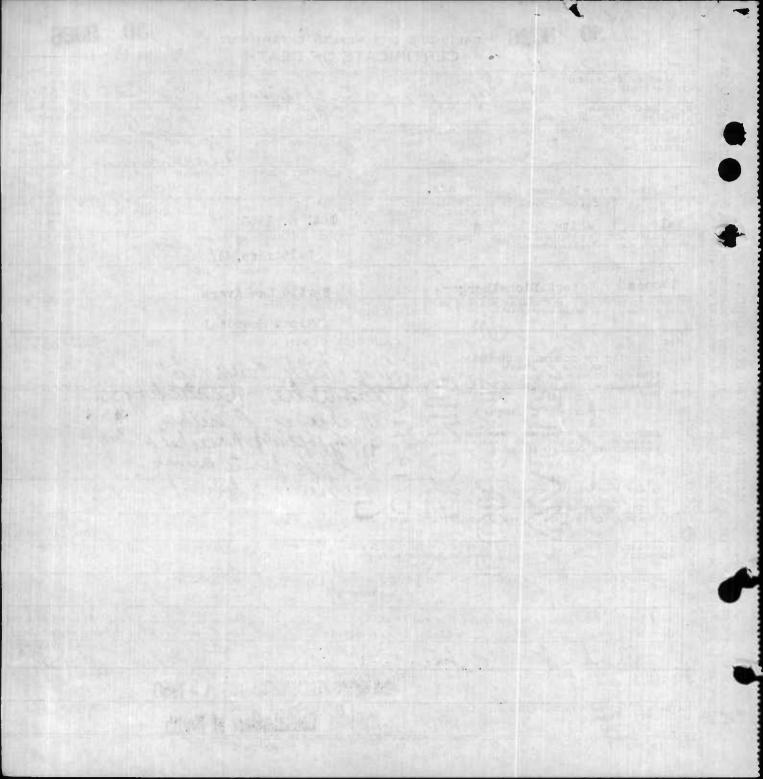
	. The
	y sapplied
4	ould be caurly and legibl
MARGIN RESERVED FOR BINDING	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information socially be caused of death clearly and legibly.
MARGI	UNFADI Physician
•	LY, WITH important.
,	PLEASE WRITE PL correct age is especially

	N-63	2,3				50	9025
В	50 RTH NO.	9025			EALTH DEPARTMEN E OF DEATH	NT Registered N	Vo
(1	NAME OF D ype or Print)	MARGA	RET	WRIG	HT	2. DATE OF DEATH OCE	21,1950
A.	Baltimore C	City, Maryland	Ball	on, give street address or	4. USUAL RESIDENCE	(Where deceased lived, If	institution: residence before admission)
H	SPITAL OR	913 Em		location)		(If outside corporate limit	s, write RUBAL and give township)
-	10	110 Cust	eur J:	Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	4-01
-	Length of s	tay in Baltimore	E 7 SINGLE	Days MARKIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year II Under 24 Hours
10	A USUAL OC	Whete CUPATION (Give kin	Mha	loved	aug 10, 1869	last birthday) Mo	nths Days Hours Min.
wor	House during most of	of working life, even if retir	ed)	INDUSTRY	Ballo	md	2 SOUNTRY?
13	Thek	NOWY.			14. MOTHER MAIDEN	nown	
	, was Decease , no or unknown)	D EVER IN U. S. AR! (If yes, give war or d	MED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	111- 0 510 4	46 Limond
	no	no		110	My Kory A	Mught Hi	INTERVAL BETWEEN
	18. 420	• 0	N. DIDEOLIN	CAUSE	OF DEATH	a politica was	ONSET AND DEATH
	THE TANK	LEADING TO DE not mean the mod	EATH				?
	heart failu	re, asthenia, etc. It r complication which	neans the disease	,	O CARDIAL DO	generalion	,
7		ANTECEDENT CA	USES	AR	eteri usclerut	tic Heart	7
ATION	RISE TO T	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING TH	G	Disease		•
FICA	ONDERE	ing continon	ENS I.	Ge	neralized	Areterioscler	resk 7
RTIF	OTHER C	11	Intrione	(C)	were in each		
CER	TRIBUTING	GIGNIFICANT CON TO THE DEATH, BUSEASE OR CONOIT	UT NOT RELATE	P Mit / W. / 18.9	tion due to Se	nile psychose.	3 months
AL	19A. DATE O	F OPERATION O	19B, MAJOR	FINDINGS OF OPER	RATION		YES NO
EDICA	21A. ACCIDE HOMICIDE	NT. SUICIDE. (Specify)		CE OF INJURY (e. g., irm, factory, street, office bldg.,		(If in Baltimore City, 1	give exact location)
Σ	21p. TIME ((Month) (Day) (Ye	ar) (Hour) 2	TE. INJURY OCCURR	RED 21F, HOW DID INJ	URY OCCUR?	
	OF INJURY			HILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I	attended the	deceased from JA		0 (21 , 1957	
	deceased al	live on Oct 2	0 , 1956 . 0	and that death occu-	rred at 6.30 Am., from	m the causes and on t	
	23A, SIGNAT	elin V	· Boro	len M.D.	20 30 W. 7	ayette Street	23c. DATE SIGNED
2	AA. BURIAL, CON, REMOVAL (S	peeify) 24B. DATI	210-17	AL. NAME OF CEMETE	ERY OR CREMATORY 24	D. MOCATION (City, town,	Rock Wd
	ATE RECEIVE	D BY REGISTRA	A's SIGNATU	RE CONTRACTOR	25. FUNERAL DIVECTO	OR OR	ADDRESS
_	OCAL REGIST	KAR	3 5 4	1.0-11.0	Pand PMa	tin 1902 8	war Mace
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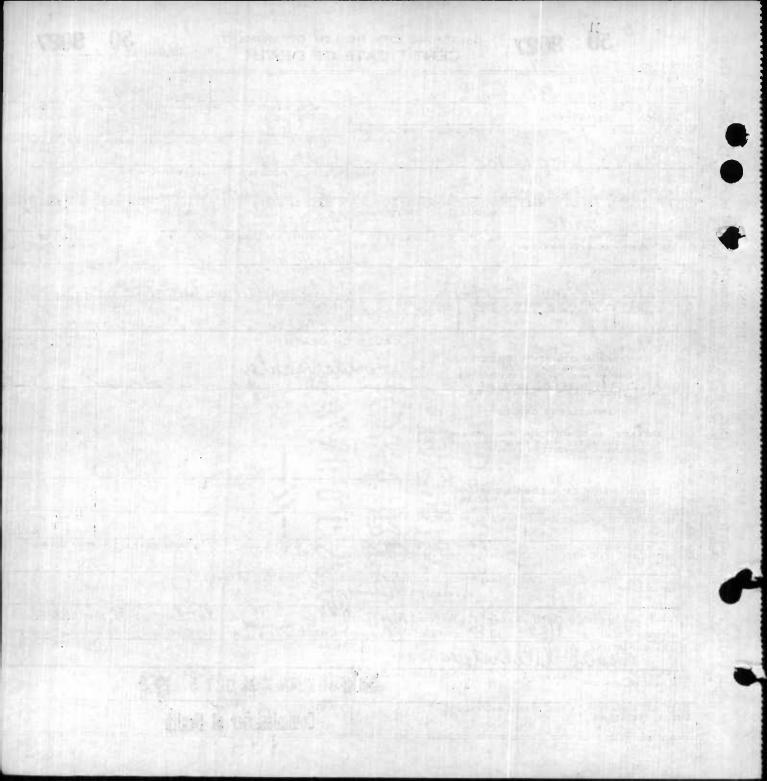
	be ca ally supplied.	nd legibly.
4	S. Mile	arly a
MARGIN RESERVED FOR BINDING	PLEASE WRITE PL Y, WITH UNFADING INK. Every item of information and all be can	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RES	UNFADING IN	Physicians: plea
-	Y, WITH	ly important.
•	PLEASE WRITE PL	correct age is especial

6-24/50 9026 BALTIMORE CITY HE	EALTH DEPARTMENT X 50 9026
BIRTH NO. 50-21650 CERTIFICAT	- OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	Q. 1 0 2. DATE OF OAT () 5-2
3. PLACE OF DEATH:	DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence
A. Baltimore City, Maryland	A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
INSTITUTION	TANAMA (township)
Yrs.	D. STREET ADDRESS (If rural, give ocation)
c. Length of stay in Baltimore 2 hrs. Mos. Days	6200
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years It Under I vest It Under 24 Hours I last birthday) Months; Days Hours Min.
Male White s	Øct. 6. 1950
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Baltimore, Md/
	14. MOTHER'S MAIDEN NAME
Thomas Robert Eichelberger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Bertie Lee Ayers
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	Sinai Hospital
	OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Itillo congenital
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	and the second
injury or complication which caused death.) DUE TO	mades Junearing.
Z ANTECEDENT CAUSES	absence & weether !
O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	As follaster horses has beeling
	The fact of the same of the same of
<u> </u>	suferprace aus
OTHER SIGNIFICANT CONDITIONS CON-	eliserce 2 loke it ling
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	
O STATE OF THE STA	nor 21c. WHERE DID (If in Baltimore City, give exact location)
D HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., 1 about home, farm, factory, street, office hidg.,	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY OCCUR?
OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	, 19, to, 19, that I last saw the
deceased alive on, 19, and that death occur	
	23B. ADDRESS 23c. DATE SIGNED
rolly farbers M.D.	Sinai Nort 10-11-60
24A. BURÍAL, CREMA- TION, REMOVAL (Specify)	LINES SEPRESALL BOLLONS
	NAS MEDICAL SCHUUL OCT 1 3 1950
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25. FUNERAL DIRECTOR ADDRESS
107 221950 tentington Milliance 118	Commencement of Marris
ψ vs 150	-11: 157m

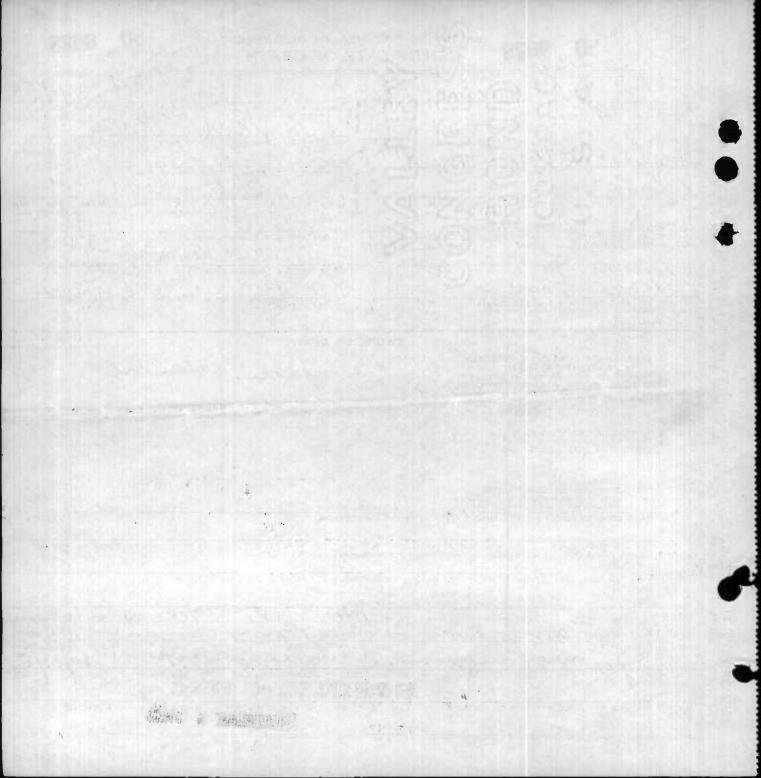


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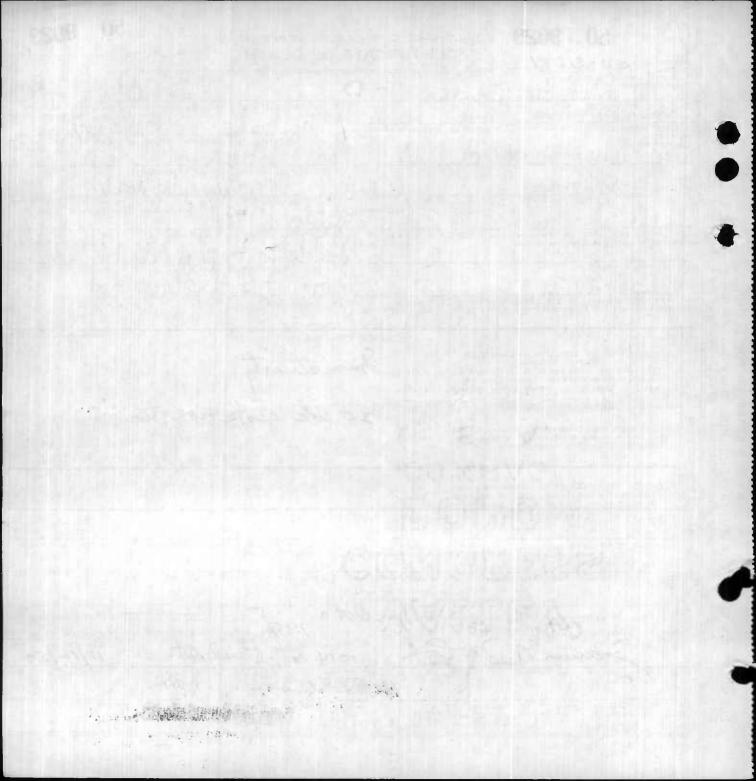
	G-615 9027 BALTIMORE CITY HE CERTIFICATI		X 50 Registered No.	9027
=	I. NAME OF DECEASED (Type or Print) Babu Bau Griffin		2. DATE OF DEATH 9-28	-50
	S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) location)	4. USUAL RESIDENCE (W) A. STATE M C. CITY OR TOWN (If o	B. COUNTY utside corporate limits, w	before admission)
iory.	Lutheran Hospof md	Balto 14	ural, give location)	township)
and leg	d. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		I Year If Under 24 Hours Days Hours Min.
Clearly	Male While 10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
deann	Donald William Griffin	tamother's Maiden NAI Edwina Wilma	Luerssen	
22	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	7ather.	Sa.	me
The me cause	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused dcath.)	encephaly		INTERVAL BETWEEN ONSET AND DEATH
200	ANTECEDENT CAUSES			
ns: prease	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ſ		
3 1	U U U C OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.			
	. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office bldg., i.		in Baltimore City, give	exact location)
claily in	215. TIME (Month) (Day) (Year) (Hour) 216. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			
is espe	While X VIIORATORI	rred at 12 minute. from th	1950, to e causes and on the c	hat I last saw the date stated above. 3c. DATE SIGNED
set age		IOPKINS MEDICAL SCHOOL OCT	CATION (City, town, or	county) (State)
correct	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	25. FUNERAL DIRECTOR	Helb	DDRESS
	VS 150 - ®	. 1.1.1.		1570



	~ 50,, 9028 CERTIFICAT	HEALTH DEPARTMENT X 50 Registered No.	9028
1. (T)	NAME OF DECEASED. Pe or Print) Wann Louise For	ale 2. DATE OF DEATH	12 1950
A. B.	PLACE OF DEATH: Baltimore City, Maryland CULL NAME OF SI not in hospital or institution, give street address of location location		before admission)
	ospital for the Women of ma	Cssey-21 5200	township)
	Length of stay in Baltimore 5 Mos. Days SEX 6.COLOR_OR_RACE 7. SINGLE, MARRIED.	s 1 21 Crofton Would	ler 1 Year H Under 24 Hours
te	male WIDOWED, DIVORCED (Specif	y) Och 10 1950 last birthday) Month	Days Hours Min.
work	USUAL OCCUPATION (Give kind of doneduring most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTR		WHAT COUNTRY?
13.	Tenn Foale	12 MOTHER'S MAIDEN NAME (Danis
15 (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS
	10210	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	electaria, Belateral	3 clarge
z	ANTECEDENT CAUSES		
CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
ERTIFI	OTHER SIGNIFICANT CONDITIONS CON-		
CEF	TRIBUTING TO THE DEATH, BUT NOT RELATED		
AL	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	ERATION	YES NO
MEDIC,	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg		exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHIL AT WORK	E	
	22. I hereby certify that I attended the deceased from deceased alive on 10/12, 19 and that death occur	urred at 75 Am., from the gauses and on the	hat I last saw the
	23A. SIGNATURE Konfrom M. D.		(0/13/50
24 TIO	A. BURIAL CREMA- N. REMOVAY (Specify)	SHEDNAL SCHOOL OCT 1 3 1950	county (State)
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR A COMMISSION A	DDRESS
	vs 150	1,4	161a



ВП	B-236	9029			EALTH DEPARTME E OF DEATH		50 tered No	9029
1. (T)	NAME OF DECEAS	BY GIRL	BAXTER	- 13	4. USUAL RESIDENCE	2. DATE OF DEATH	Latery 11 lived. If instituti	1950
PAC HC	Baltimore City, I FULL NAME OF SPITAL OR STITUTION		l or institution, give	street address or location)	c. CITY OR FOWN	(If outside corpora	daltuur	RURAL and give township
	Length of stay in	Baltimore	7. SINGLE, MARF		B. DATE OF BIRTH	9. AGE (In y	Years H Under I Yes	
10, work	A. USUAL OCCUPAT done during most of working	TION (Give kind of g life, even if retired)	. /	JSINESS OR INDUSTRY	M. BIRTHPLACE (State Oshital M.) 14. MOTHER'S MAIDS	1501 e or foreign country, Mully H M		FIZEN OF
15. (Yes,	WAS DECEASED EVER	R IR U. S. ARMED		OCIAL ECURITY NO.	Margurite &	uth Islac	ADDRESS	5
IFICATION	(This does not m heart failure, asth injury or compli	enia, etc. It mean cation which c CEDENT CAUS CONDITIONS, IF EVE CAUSE (A) CONDITION LA	H f dying, e. g., as the disease, aused death.) ES ANY, GIVING STATING THE DUST.	(A) Sm	maturity - wh geo	tation, t	ons	ERVAL BETWEEN
L CERTI	OTHER SIGNIFI TRIBUTING TO THE TO THE DISEASE 19A. DATE OF OPE	OR CONDITION	NOT RELATED	NGS OF OPER	ATION		20	D. AUTOPSY?
IEDICA	21a. ACCIDENT W LYING□ OR CON' CAUSE OF DEATH	TRIBUTING	21B. PLACE OF about home, farm, factor	INJURY (e. g., ir ry,street,office bldg.,e	a or 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore	YE City, give exac	
2	21b. TIME (Month) OF INJURY		m. WHILE AT	NOT WHILE		JURY OCCUR?		
24 T10	22. I hereby cert deceased alive on 23A. SIGNATURE A. BULLL. CREMA- N. REMOVAL (Specify)	ify that I att OF " We Note that I att OF THE STATE 24B. DATE	, 1960, and the	at death occur	red at 1:35Am., fr 38. ADDRESS Pa	om the causes an	d on the date	PATE PIGNED
	TE RECEIVED BY CAL REGISTRAR OT 2 21950 VS 150	fulress _	s signature	JUNA NUTA	25. FUNERAL DIRECT		ADDR	

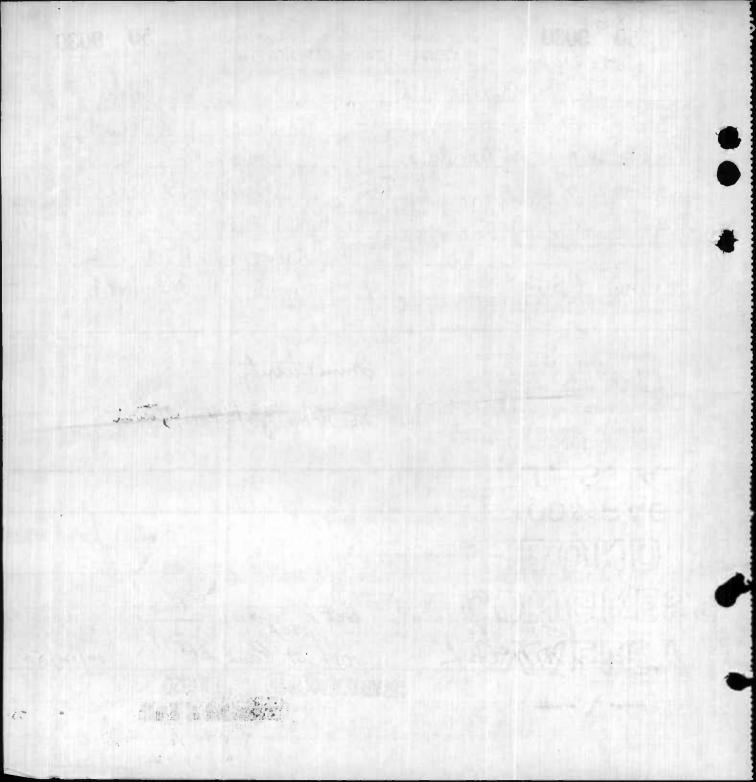


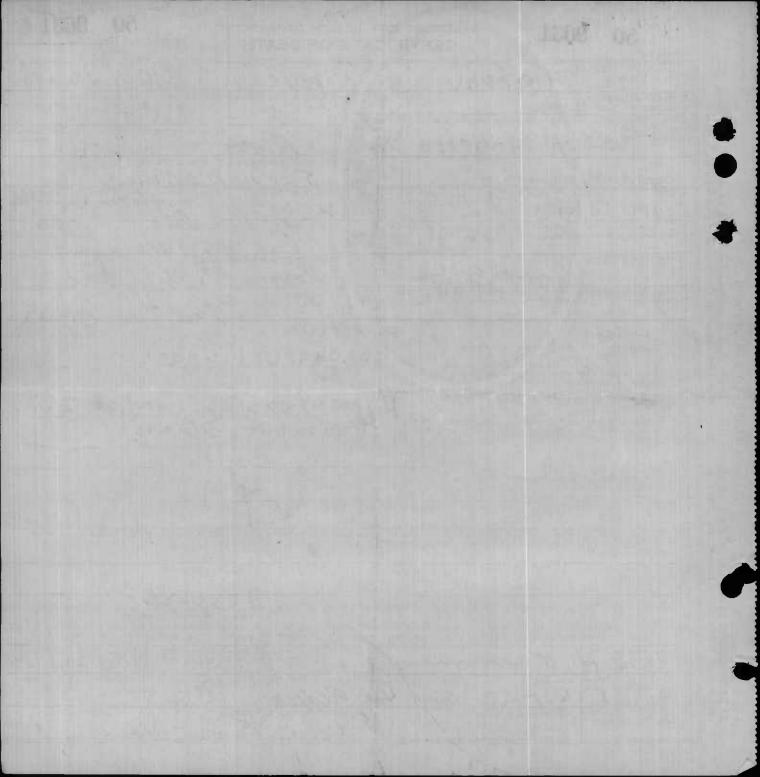
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50 9030 Registered No.

1. NAME OF DECEASED D	
(Type or Print) BABY DOY BAXTER "A"	2. DATE OF OATALAN II 10.50
	NCE (Where deceased lived, If institution: residence B. QUNTY before admission)
BAFULL NAME OF (If not in hospital or institution, give street address or	ud, Saltiumi
HOSPITAL OR LOCATION C. CITY OR TOWN	(If outside corporate limits, write RURAL and give
MODIFICATION OF MARINAUM OF	WW-H-
Yrs. D. STREET ADDRES	(If rural, give location)
b. Length of stay in Baltimore Days 19000	The read road
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. AGE In years ff Under I Year II Under 24 Hours last birthday Months Days Hours Min.
10A. USUAL OCCUPATION (Givekindel) 10B. KIND OF BUSINESS OR 17. BIRTHPLACE (St	150
10A. USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	tate or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	100 Mar. 1 81.5.4.
13. FATHER'S NAME	DEN NAME
William Joanson Williams	Kuth Mallewood -
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or uokoowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
18. 7764 . CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A)	
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
ANITECEDENT CALLERS	
Z ANTECEDENT CAUSES 25 wks. 54	otation turin
Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	otation, twin
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (B) 25 wks. 34	otation, twin
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C)	otation, twin
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CON-	otation, turin
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	otation, turin
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CON-	otation, twin
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., io or CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE	20. AUTOPSY? YES NO PROPERTY N
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING Shout home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT NOT WHILE AT WORK	20. AUTOPSY? YES NO PROPERTY N
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING Shout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK 22. I hereby certify Ahat I attended the deceased from 1952	20. AUTOPSY? YES NO PROPERTY N
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., io or LYING) OR CONTRIBUTING about home, farm, factory, street, office bldg, etc.) INJURY OCCUR CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 1950 and that death occurred at 130 Am.,	20. AUTOPSY? YES NO (If in Baltimore City, give exact location) INJURY OCCUR? to
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LANGUAGE OF INJURY (e.g., io or CAUSE OF DEATH 21A. ACCIDENT WAS UNDER. Shout home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from deceased alive on CAUSE OF DEATH 23A. SIGNATURE 23B. ADDRESS M. D. 1014 AT WORK 23B. ADDRESS	INJURY OCCUR? In the causes and on the date stated above. 20. AUTOPSY? YES
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 1950, and that death occurred at 130 Am., 23A. SIGNATURE 23B. ADDRESS	20. AUTOPSY? YES NO PROPERTY N
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDERLYING Shout home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED CONTRIBUTING MORK NOT WHILE AT WORK AT WORK 1950, and that death occurred at 1:30 Am., 23A. SIGNATURE 24A. (BURIAL CREMA) 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY OF THE CONTRIBUTION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY OF THE CONTRIBUTION CONTR	ID (If in Baltimore City, give exact location) INJURY OCCUR? INTO 19, that I last saw the from the causes and on the date stated above.
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING 21B. PLACE OF INJURY (e. g., io or CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OF INJU	20. AUTOPSY? YES NO NO NO NO NO NO NO N

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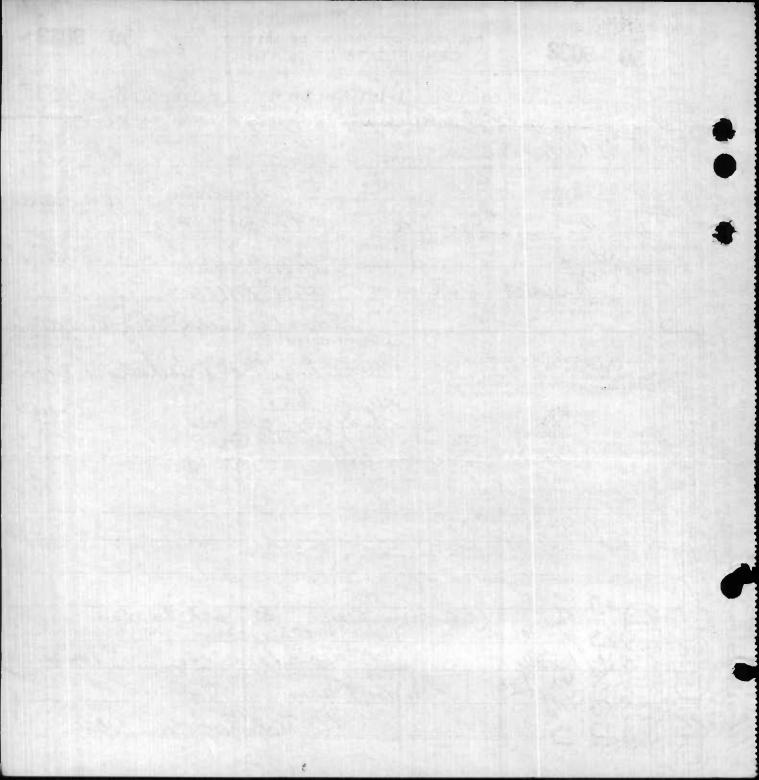




G-432 BIRTH NO50 90
1. NAME OF DECEASE (Type or Print)
3. PLACE OF DEATH: A. Baltimore City, M.
B. FULL NAME OF (I HOSPITAL OR INSTITUTION //
c. Length of stay in I
5. SEX 6.COLO

9032 50 Registered No.

В	ятн NO.50	9032		CERTIFICATI	E OF DEATH	-	ered No	3002
1. (T	NAME OF DEC	CEASED	0 × 0001	not West	smann	2. DATE OF DEATH	Popo	1/950
3. A.	PLACE OF DE Baltimore Ci	ATH: ty, Maryland /	7000	Parkave		NCE (Where deceased li		ntion : residence Defore admission)
H	FULL NAME O DSPITAL OR ISTITUTION	Heeles	al or institut	ion, give street address or location)	c, CITY OR TOWN	(If cutside corporat	e limits, writ	e RURAL and give
_	0	races.	Varia	Yrs.	D. STREET ADDRESS	(If rural, give locati	ion)	05
c.	Length of sta	y in Baltimore	Lef.	Mos. Days	28140	7 1 1	rue	
5.	SEX	COLOR OR RACE	7. SMGLE	E, MARRIED. (ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In ye last birthda	y) Months I	Year N Under 24 Hours Days Hours Min.
1C wor	A. USUAL OCC	UPATION (Give kind of sprking life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)		HAT COUNTRY
13	. FATHER'S NA	IMED -	01	, , , ,	14. MOTHER'S MAIL	DEN NAME		
15	. WAS DECEASED	EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT	phon	ADDRES	cc
(Ye	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Edward &	Kuchn 27	10 Ru	eckert Ave
	18. 443;	X i		CAUSE	OF DEATH		01	NTERVAL BETWEEN
		OR CONDITION LEADING TO DEA not mean the mode	TH	Colle	resters. The	Eer t tail	eul.	1 month
	heart failure	e, asthenia, etc. It mes complication which	ans the diseas	se,	14:			
-	A	NTECEDENT CAU	SES	mys	cardella	De anni	(Georgeal
NOIT	DISEASES RISE TO TH	OR CONDITIONS, I	F ANY, GIVII	NG DUE TO DE	electus	in.		
ICATI		NG CONDITION L		0				
RTIF		11		(C) .				
CER	TRIBUTING	GNIFICANT COND TO THE DEATH, BUT SEASE OR CONDITION	NOT RELAT	ED	***************************************			
AL	19A. DATE OF	OPERATION 0 1	98. MAJOR	FINDINGS OF OPER	ATION			20. AUTOPSY?
EDIC/	21a. ACCIDEN HOMICIDE	IT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i				
Σ		fonth) (Day) (Year	(Hour)	21E. INJURY OCCURR	ED 21F, HOW DID	INJURY OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE AT WORK				
			tended the	deccased from Z	10, 1035,			t I last saw the
	23A. SIGNA	ye on and to	, 192	and that death occur	3B. ADDRESS	from the causes and		te stated above.
_	4A. BURIAL, CR	THEMA- 248, DATE	,	M. D.	1403 Par	& are		0-21-58 inty) (State)
Ti	ON REMOVAL (Sp	ecify)	23	Low days	Parker	Color (City	, town, or cou	incy) (istate)
	ATE RECEIVED OCAL REGISTR	AR	S SIGNATU	IRE	25. FUNERAL DIRE	Temorno	ADD	RESS
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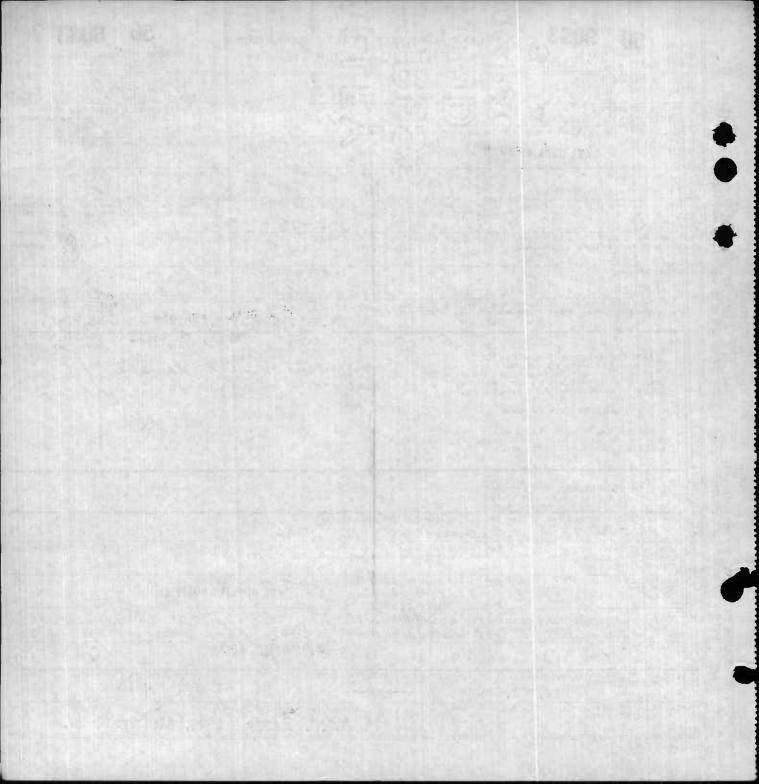


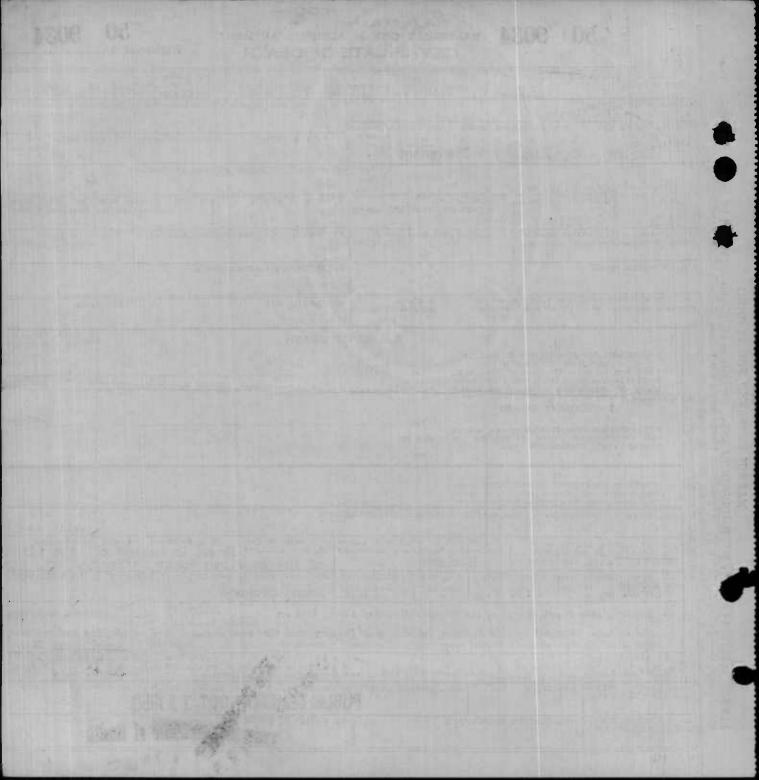
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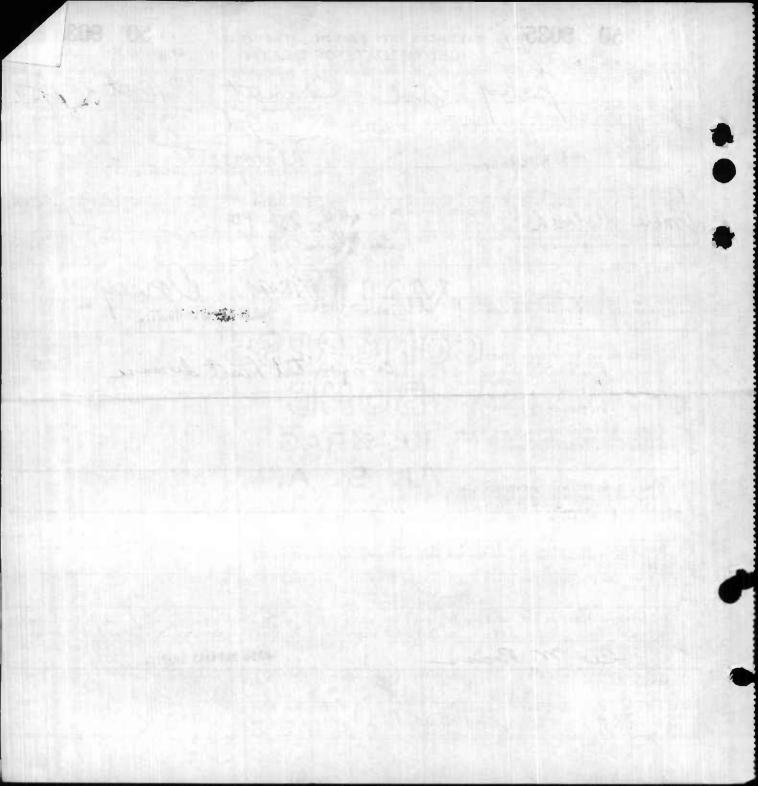
BIRTH NO. T.R. CERTIFICAT	E OF DEATH Registered No.
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH OTHER TIPES
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION ORDER (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Yrs.	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	1817 Frankland and
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	5-18-49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
marrin Essay	Lecile Waterman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS MR.MARVIN ESSRIG, IOI7 FRANKLAND ROAD.
C LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	genital heart disease 17 mm.
194. DATE OF OPERATION 198 MAJOR FINDINGS OF OPER	RATION 20. AUTOPSY?
of 10-20-30 ulmonary	Wes No
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH LYING OR CONTRIBUTING CAUSE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) otc.) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	THE PART CONTRACT WAS DESCRIBED AND ASSESSMENT OF THE PARTY OF THE PAR
22. I hereby certify that I attended the deceased from 1	0-18, 1950, to 10-21, 1930, that I last saw the
deceased alive on 10 - 21, 1900, and that death occur	
all Marion M.D.	236. ATTAS STOPKINS HOSPITAL 23C. DATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	TAMPA, FLORIDA (State)
REMOVAL OCT, 22,1950	25 FUNERAL DIRECTOR MILES ADDRESS MA
LOCAL REGISTRAR	WM. J. TICKNER & SONS, BALTIMORE, MD.
10/10/2010/20	

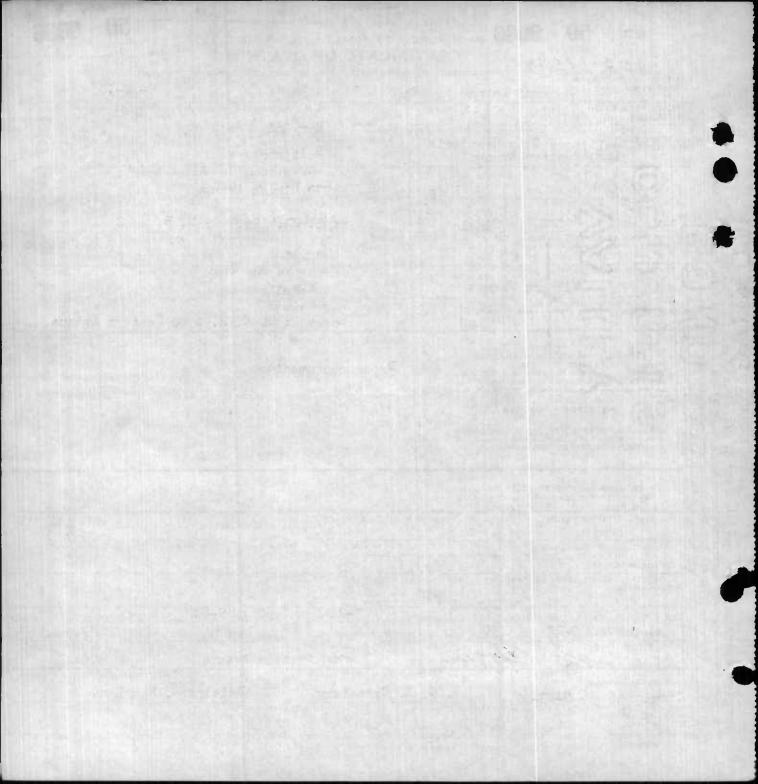
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	13-550 9035 BALTIMORE CITY HE	EALTH DEPARTMENT X 50 9035			
	BIRTH NO. 50 - 20229 CERTIFICAT	E OF DEATH Registered No.			
11-	1. NAME OF DECEASED Baby Link (Type or Print)	Dennett 2. DATE Post 25/950			
	3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE Where deceased lived. If institution residence A. STATE B. COUNTY before admission			
	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION				
, -	JOHNS RUPKINS RUSPITAL YES. Mos.	D. STREET ADDRESS (If rural, give location)			
11-	Length of stay in Baltimore Days				
	male Color d WIDOWED, DIVORCED (Specify)	7-25-5014			
1	IOA. USUAL OCCUPATION (Give kind of ork done doring most of working life, even if retired) INDUSTRY	11/BIRTHBLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY			
	13. FATHER'S NAME	14-MOTHER'S MAIDEN NAME			
d	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT MUTALING MUTALING ADDRESS			
TELOATION	injury or complication which caused death.) ANTECEDENT CAUSES (B)				
000	TRIBUTING TO THE DEATH, BUT NOT RELATED				
-	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				
100	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bidg.,	n or 21c. WHERE DID (If in Baltimore City, give exact location)			
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. WHILE AT NOT WHILE AT WORK MORK NOT WHILE AT WORK				
	22. I hereby certify that I attended the deceased from deceased alive on, 19, and that death occur				
	23A. SIGNATURE W. Bass M. O.	23c. DATE SIGNED			
	24A. BURIAL, CREMA- TION, REMOVAL (Specify)	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State			
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS			
1	OCT 2 21950	0 0 3 3			



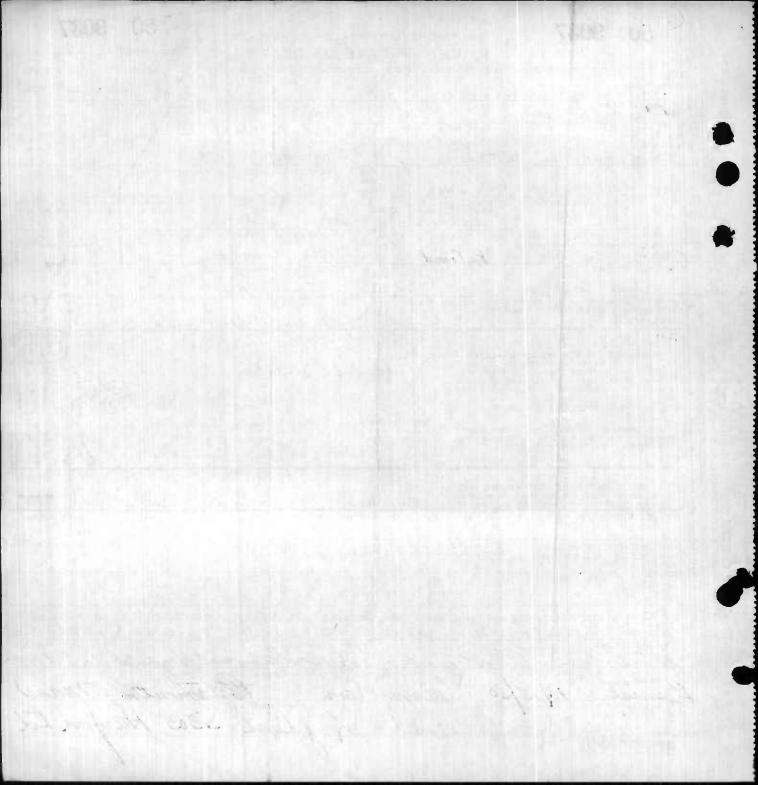


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BALTIMORE CITY HEALTH DEPARTMENT

X	50	9037	
Rec	rictered	No	

В	RTH NO.			CERTIFIC	CATI	E OF DEATH	Registere	d No.
1.	NAME OF DECEASE	ED					2. DATE	
T)	ype or Print) WILL	AM COG	AN				OF DEATH OC	TOBER 22, 1950
A.	PLACE OF DEATH: Baltimore City, M	aryland				4. USUAL RESIDENCE (W	here deceased lived B. COUNTY	
H	FULL NAME OF (OSPITAL OR ISTITUTION	If not in hospita	al or institut		dress or ocation)	C. CITY OR TOWN (If		mits, write RURAL and give
	UNION MEM	ORIAL F	HOSPITAL		11.15	PORTSMOUTH		township
6.	Length of stay in	Baltimore	3	WK5.	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	
5.	SEX 6.COL	OR OR RACE	WIDOW	E MARRIED, ED, DIVORCED 100W ED	(Specify)	B. DATE OF BIRTH JANUARY 13, 1864	9. AGE (In years last birthday)	Months Days Hours Min.
10 worl	A. USUAL OCCUPAT	ON (Give kind of life, even if retired)	10B. KIND		OR USTRY	11. BIRTHPLACE (State or fo	- /	12. CITIZEN OF WHAT COUNTRY
13		PECTOR	KEI	IREd		NEW HAMPSHIRE		U.S.A.
13	. FATHER'S NAME					14. MOTHER'S MAIDEN NA		
		GAN				ELLEN ALLE	EN .	
(Ye	. WAS DECEASED EVER	IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY	NO.	17. INFORMANT		ADDRESS
	UNKNOWN			UNKNOW		MRS. ANNE T. LEAR	Y . 1020 CA	AMERON RO. BALTIM
DICAL CERTIFICATION	(This does not me heart failure, asthe injury or complic ANTEC DISEASES OR CORISE TO THE ABOUNDERLYING COUNDERLYING COUNDERLYING TRIBUTING TO THE DISEASE 19A. DATE OF OPER 21A. ACCIDENT W.	NG TO DEAT an the mode o nia, etc. It mea ation which c EDENT CAUS II CANT CONDITION RATION AS UNDER-	H f dying, e. g ns the disease aused death ES FANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I'9B. MAJOR	(B)	extras OPER	or 21c. WHERE DID (I		2+ wha. 5+ wha. 5t yls. 20. Autopsy? yes \(\) no \(\) y, give exact location)
ME	LYING OR CONT CAUSE OF DEATH 210. TIME (Month)						OCCUP?	
	OF INJURY	(Day) (rear)		WORK A	T WHILE		OCCURT	
	22. I hereby certi	fu that I att				OBER 14, 1950, to	DETOBER 22. 10	50 that I last saw th
						red at 5:30 a.m., from ti		
	23A. SIGNATURE		~			38. ADDRESS	2	23c. DATE SIGNED
	Walker	enh	2uts	tick M	.0. 6	mion/ nemore	al florper	tal 22 Oct 195
-6	A. BURIAL, CREMA- DEMOVAL (Specify)	248, DATE	150	Colvery RE	-	m. 25. FUNERAL DIRECTOR	5305 K	wn, or county) (State) Mass Andress Arford Pa
	OCT-2 21950		0	10E 100 9111	100	//		1

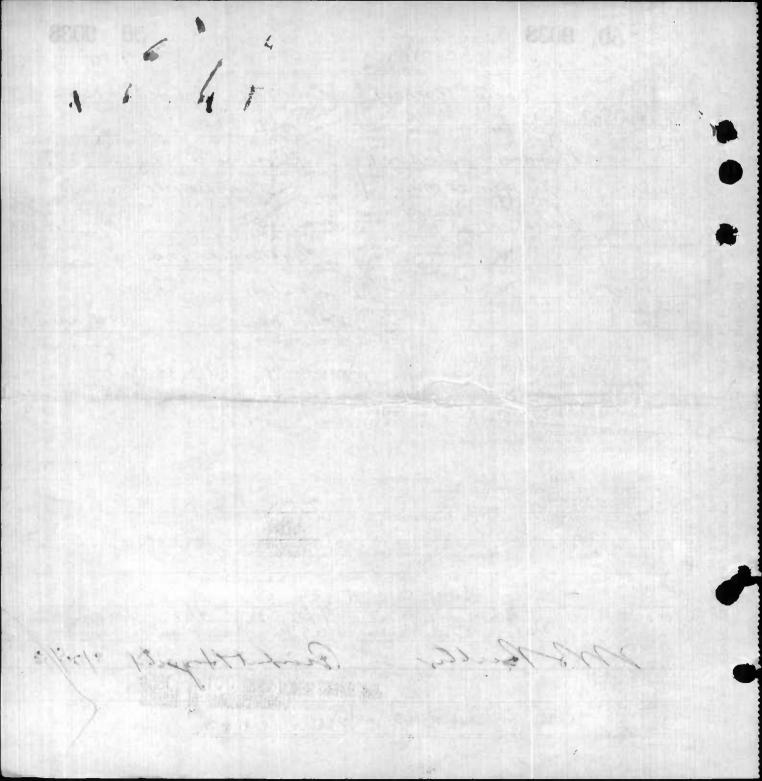


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	50 9	1038 . в	ALTIMORE CITY HE	EALTH DEPARTMEN		9038
В	IRTH NO. 58-20	400	CERTIFICATI	E OF DEATH	Registered No)
1.	NAME OF DECEASED Type or Print)	Ke.T.	Zachary	Davis	2. DATE OF 9-2	7-50
	PLACE OF DEATH: Baltimore City, Mar		Juenurg	4. USUAL RESIDENCE A. STATE	I DEATH	
В.	FULL NAME OF (If		tution, give street address or		B. COOM!	berore admission)
	OSPITAL OR STITUTION)	location)	c. CITY OR TOWN	If outside corporate limits,	write RURAL and give township)
-	39	rouident	HOSPITAI	D. STREET ADDRESS	If rural, give location)	6. 4
c.	Length of stay in Ba	Itimore 14 his.			appleton	57
5	SEX 6. COLOR	OR RACE 7. SING	LE. MARRIED. DWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Ht	nder I Year H Under 24 Hours ths: Days Hours: Min.
10	male 1	egro		9-27-50		14 58
WOF	OA. USUAL OCCUPATION k done during most of working lifs,	even if retired)	INDUSTRY	11. BIRTHPLACE (State or	i oreign country)	2. CITIZEN OF WHAT COUNTRY?
13	B. FATHER'S NAME			14. MOTHER'S MAIDEN		
	BerTrym	Davis	5	EVELYN	Davis	
(Ye	S. WAS DECEASED EVER IN (If yes, gi	U, S. ARMED FORCES: ve war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
	7/-			Evelyn Davis	813	N. apple ton
	18. 162.5	1		OF DEATH		ONSET AND DEATH
	(This does not mean	DNDITION DIRECTION TO DEATH the mode of dying, a, etc. It means the dison which caused de	e. g., (A)	remotority ((116. 14 035.)	
	ANTECED	ENT CAUSES	Con	entel ateles	tasis	
CATIO	DISEASES OR CON RISE TO THE ABOVE UNDERLYING CON	DITIONS, IF ANY, GI CAUSE (A) STATING IDITION LAST.	VING	2,0,0		
E		п	_(C)			
ERT	OTHER SIGNIFICA					
U	TO THE DISEASE OR 19A. DATE OF OPERA	CONDITION CAUSING		ATION		20. AUTOPSY?
AL	TOWN DATE OF OFERN	0 132	,	ATTOM		YES NO NO
EDICA	21A. ACCIDENT. SUIC HOMICIDE (Specify		LACE OF INJURY (e. g., in ne, farm, factory, street, office bldg., c		(If in Baltimore City, gi	ve exact location)
Σ	21D. TIME (Month) (I	Day) (Year) (Hour)	21E. INJURY OCCURR	ED 121F. HOW DID INJU	RY OCCUR?	
	OF INSORT	m.	WHILE AT NOT WHILE	The second		
	22. I hereby certify				9/27 , 1950,	
	d ased alive on	9/27 .19		red at 9 P. m., from	the causes and on the	
	23A. SIGNATURE	Hour	they M.D.	mitet	Afrails!	9/20/30
2. TI	4A. BURIAL, CREMA. 24 ON, REMOVAL (Specify)	4B. DATE	24C. NAME OF CEMETE	PRINS MEDICAL SCHOOL D	CTA TON WEST TOWN, O	rebunty) (State)
		GISTRAR'S SIGNA		25. FUNER	HOL OF BROOTH	ADDRESS

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	e cally	legibly.
Y	d bl	y and
	PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information and decided by	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	INK.	please v
	UNFADING	Physicians:
	LY, WITH	important.
		AHA
	WRITE PL	e is especia
	PLEASE	correct ag

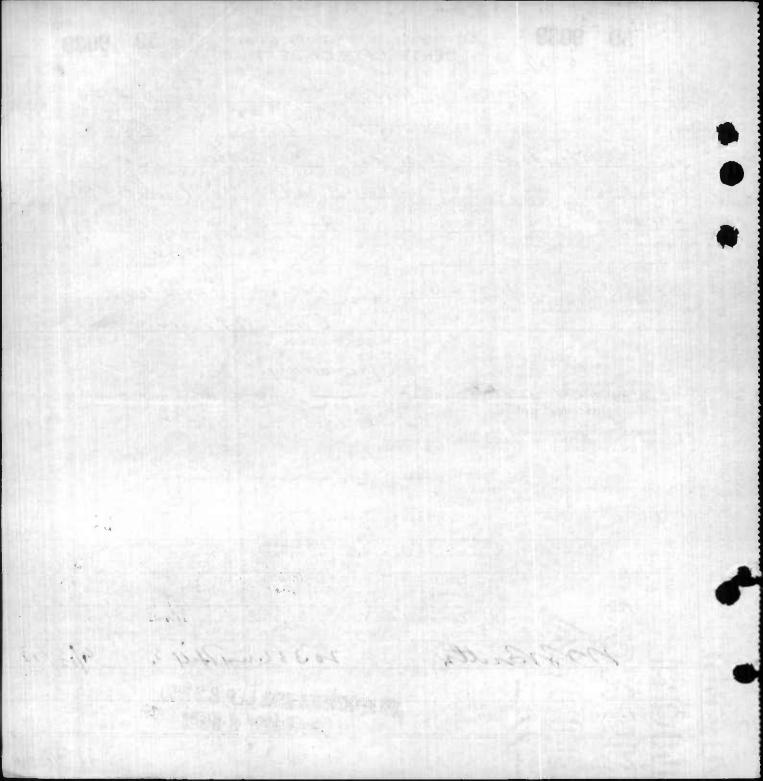
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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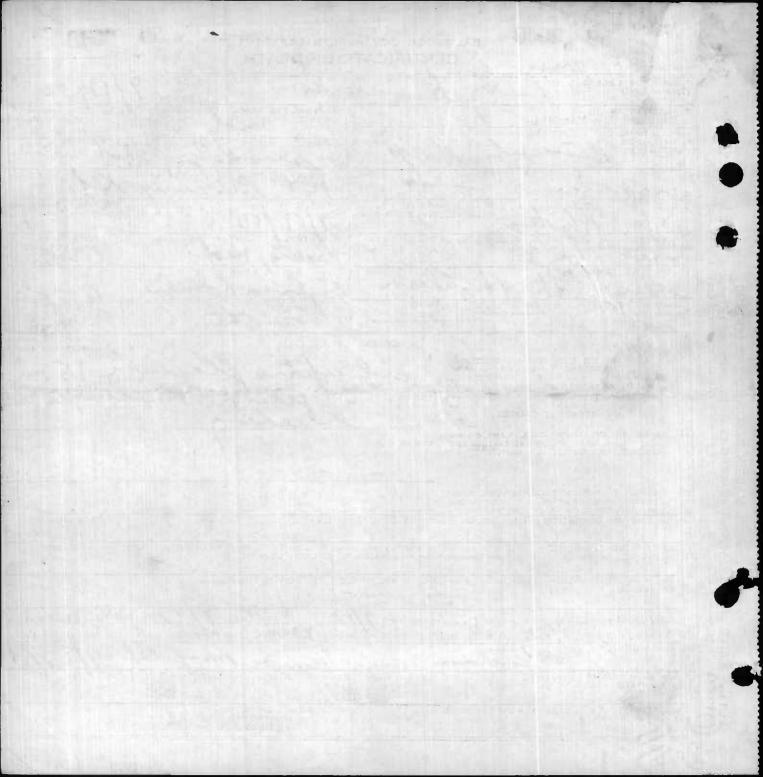
BI	RTH NO.	0-16/24					
1. (T	NAME OF D ype or Print)	ECEASED Info	105	distor	工	2. DATE OF Q 2	51
	PLACE OF DE Baltimore			(110)101		DEATH 7-2 NCE (Where deceased lived, If	
В.	FULL NAME OSPITAL OR STITUTION		al or institu	tion, give street address or location)	c. CITY OR TOWN	(If outside corporate limit	•• s, write RURAL and give
3	9	Provide.	17	HaspiTal		more 5-	(b) township)
c.	Length of st	tay in Baltimore	2	Yrs. Mos. Day	D. STREET ADDRES	os (If rural, give location)	11-
	sex female	6. COLOR OR RACE	7. SINGL WIDOV	E. MARRIED, VED, DIVORCED (Specify)	8-10-50	last birthday) Mo	Under 1 Year If Under 24 Hours ntls: Days Hours Min.
10 orl	A. USUAL OC done during most o	CUPATION (Give kind of f working life, even if retired,	10B. KINI	O OF BUSINESS OR INDUSTRY		ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER S N	IAME			14. MOTHER'S MAI		
	w.		1.07		Lucille	Jingleton	
Yes	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
-	~1				Birit 1	erf.ficate	INTERVAL BETWEEN
RTIFICATION	DISEASES	re, asthenia, etc. It mesomplication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L III IGNIFICANT COND	caused death SES IF ANY, GIVII STATING T	(B) DIE TO (B) DIE TO	-hea		5 Days
CE	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD .	***************************************		
AL				FINDINGS OF OPER	ATION		20. AUTOPSY?
EDIC		NT. SUICIDE. (Specify)	21B. PL	ACE OF INJURY (e. g., in farm, factory, etreet, office bldg., e	or 21c. WHERE DI		ive exact location)
N	21b. TIME (OF INJURY	Month) (Day) (Year		21E. INJURY OCCURRI		INJURY OCCUR?	
	deceased al	y certify that Lative on 9/2	tended the	deceased fromand that death occur	8/10 1950, red at 5 5 m.,	to 9/2, 19.3 from the causes and on the	that I last saw the e date stated above.
	23A. SIGNAT	22316	Bute	M. D. 2	20 3 3 &1	Afrila &	23c DATE SIGNED
24 TIC	A. BURIAL, C N. REMOVAL (S)	REMA- pecify)		24C. NAME OF CEMETE	RY OR CREMATORY	24d. LOCATION (City, town,	or county) / (State)
LC	TE RECEIVED	BY REGISTRAR		THE JOHN HOPE	Sallevistabilita 2	CTOR HOLL	ADDRESS
(2)	NS 150				Threstelland and		

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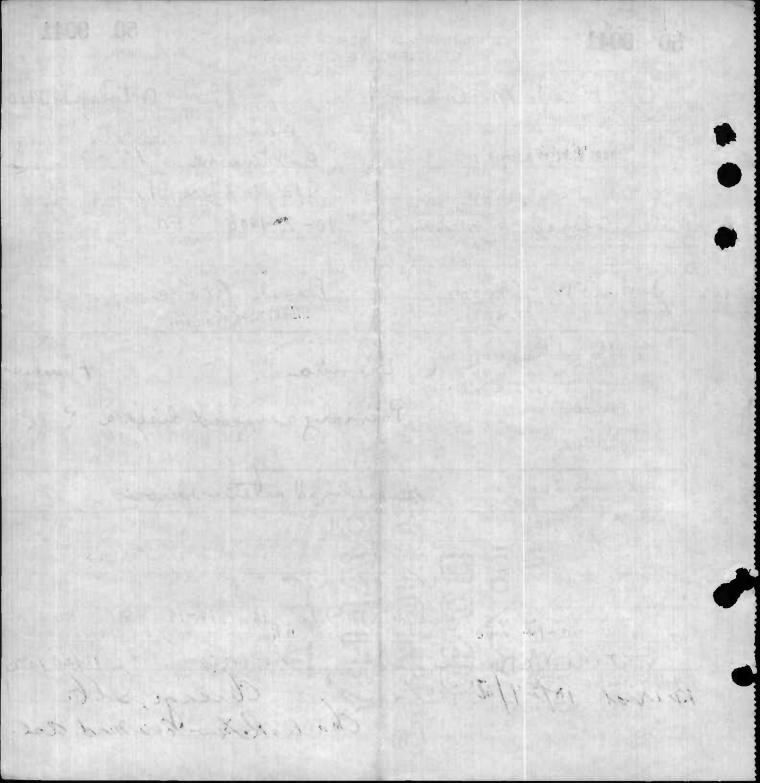
VS PSO)

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 4. USUAL RESIDENCE (Where deceased lived If institution: residence B. COUNTY before admission) outside corporate limits, write RURAL and give township) (If rural, give location) 9. AGE (In years) If Under 1 Year Il Hoder 24 Hours last birthday) Months; Days Hours; Min. CE (State or foreign country) 12. CITIZEN OF WHAT COUNTR ADDRESS INTERVAL BETWEEN 20. AUTOPSY (If in Baltimore City, give exact location) that I last saw the ., and that death occurred at 3: 30Am., from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS



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50 9041 BALTIMORE CITY HEALTH DE	50 9041
BIRTH NO. CERTIFICATE OF D	DEATH Registered No.
1. NAME OF DECEASED (Type or Print) Fred M C Cranx	2. DATE OF October 19,1950
A. Baltimore City, Maryland	RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION CONTROL OF INSTITUTION CONTROL OF INSTITUTION INTO THE PROPERTY INSTITUTION INTO THE PROPERTY INSTITUTION INTO THE PROPERTY INSTITUTION INTO THE PROPERTY IN THE PROPERTY I	R TOWN (If outside corporate limits, write RURAL and give
	ADDRESS (If rural, give location)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE O	F BIRTH 9. AGE (in years if Under I Year If Under 24 Hours last birthday) Months: Days Hours Min.
	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Dala ma Cranin Bo	ssie Stone
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFOR	ADDRESS MOSPITEL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	H INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	amylvid disease?
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT.	arterioschroeis
19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bidg., etc.) INJUR	HERE DID (If in Baltimore City, give exact location) Y OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOOF INJURY MHILE AT NOT WHILE AT NOT WHILE AT WORK AT WORK	OW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 10-17 deceased alive on 10-19, 1950, and that death occurred at	1950, to 10-19, 1960, that I last saw th Rm., from the causes and on the date stated above
Tictor a. McKurile M. D. 238, ADDRES	HES HOPKIES EOSPITED 10/20 /5-
249. BURIAL, CREMA- TION, REMOVAL (Specify) 1012-1100 Resolves 1012-1100 Resolves 1012-11	IATORY 240 LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNES	RAL DIRECTOR 1 ADDRESS ROLL ROLL
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correct

Burial DATE RECEIVED BY

LOCAL REGISTRAR

VS 150

16	50 STREA-116545 BALTIMORE CITY HEALTH DEPARTMENT SO STREA-116545 CERTIFICATE OF DEATH Registered No	9042
1	1. NAME OF DECEASED (Type or Print) Peter Burns 2. DATE OF October	18, 1950
AB	3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals Iocation) INSTITUTION 4. USUAL RESIDENCE (Where deceased lived. If institution, give street address or location) Maryland C. CITY OR TOWN (If outside convolute limits, write address or location) Baltimore 4940 Eastern Avenue Baltimore	before admission)
1 #0	c. Length of stay in Baltimore Life Yrs. Mos. D. STREET ADDRESS (If rural, give location) 1211 Battery Ave. 1112 Batter 5. SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) Widowed White Widowed 108. KIND OF BUSINESS OR OR INDUSTRY Maker of Tin Cans WIDOWED, DIVORCED (Specify) Widowed 11. BIRTHPLACE (State or foreign country) Maker of Tin Cans WIDOWED, DIVORCED (Specify) Widowed 12. Country Maryland Waryland	Year If Under 24 Hours
1 (1	Lacky Burns (D) Mary ? 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Records: B. Č. H. 4940 Eastern .	Avenue
	DISEASE OR CONDITION DIRECTLY	NTERVAL BETWEEN ONSET AND DEATH
NOITACI	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. D OTHER SIGNIFICANT CONDITIONS CON-	
, L	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION . 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give of the bldg., etc.) INJURY OCCUR?	exact location)
4	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK	
200	22. I hereby certify that I attended the deceased from 1-13 , 1948, to 10-18 , 19 50th deceased alive on 10-18 , 150 and that death occurred at 3Am., from the causes and on the deceased SIGNATURE 23B. ADDRESS 23B.	
0 -	24a. BURIAL CREMA: 246. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or co	

Holy Cross

25. FUNERAL DIRECTOR

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ADDRESS

A.A.Co. Md.

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MINISTER TO T OF ALL THE PARTY OF THE PARTY	L. LY, WITH UNFADING INK. Every item of information s ld be ca. ally oplied. The	Physicians: p	
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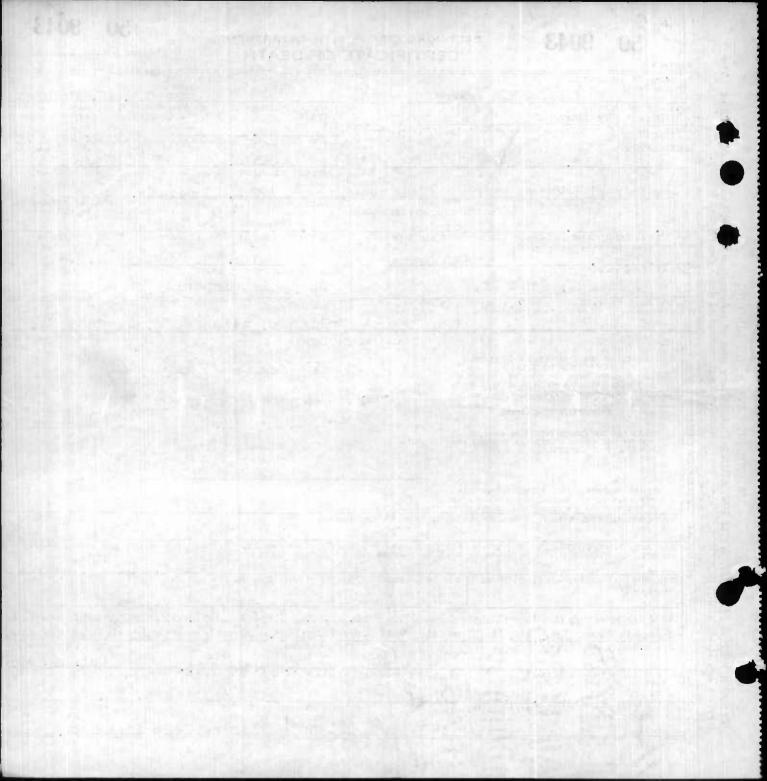
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BALTIMORE CITY HEALTH DEPARTMENT

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	0 0040		CERTIFICATI	OF DEATH	Registered 1	No.
BIRTH NO.						
1. NAME OF (Type or Print	()	336		2. DATE OF		
3. PLACE OF	Allen, Ma	rle	(Marie Alle	1 A HEHAL PERIDE	DEATH OC to	institution: regidence
A. Baltimore	City, Maryland		imore ion, give street address or	A. STATE	B. COUNTY	before admission)
HOSPITAL OF	R	tal or institut	location)	c. CITY OR TOWN	(If outside corporate limit	ts, write EURAL and give
	St. Josep	h's		Ral	to.	township)
H		^	Yrs.	D. STREET ADDRES	(If rural, give location)	
	stay in Baltimore	Life	Mos. Days	1,22		
5. SEX	6. COLOR OR RACE		E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	onths Days Hours Min.
F.	W		arried	Oct. 29	56	
work done during me	OCCUPATION (Give kind of out of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S	Hwfe.	1 0	wn home	14. MOTHER'S MAI	to.	U.S.A.
	John N. Hoo	k Sr.			e Landers	
15. WAS DECE	ASED EVER IN U. S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(1es, no or unanow	(11 year, give war or day	es or service)	SECURITY NO.	Julian E	Allen 422E, Cl	ement St
18. 55	OX.		CAUSE	OF DEATH		INTERVAL BETWEEN
		DIRECTIV			0	ONSET AND DEATH
	LEADING TO DE	ATH	120	into Tell	Ew Clayle	
heart fa	oes not mean the mode allure, asthenia, etc. It me	eans the diseas	se,			/
injury	or complication which	caused death	.) DUE TO	/		
7	ANTECEDENT CAL	ISES	1	2051		
O DISEAS	SES OR CONDITIONS,	IF ANY, GIVI			***************************************	********
	THE ABOVE CAUSE (A		HE DUE TO			
2						
1	11		_ (C)			
OTHER	SIGNIFICANT CONT					
U TO THE	DISEASE OR CONDITIO	N CAUSING	IT			120 411700000
J 19A. DATE	OF OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		YES NO
21A. ACCI	DENT. SUICIDE,	1 218. PL/	ACE OF INJURY (e.g., i	or 21c. WHERE DI	D (If in Baltimore City,	
21A. ACCI HOMICIDI		about home,	farm, factory, street, office bldg.,	te.) INJURY OCCUR	17	/
5	(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?	
OF INJUR	RY		WHILE AT NOT WHILE			
22 T ham	m. WORK AT WORK					
deceased	22. I hereby certify that I attended the deceased from Oct. 9, 1950, to Oct. 19, 1950 that I last saw the deceased alive on Oct. 19, 1950, and that death occurred at 1:00p.m., from the causes and on the date stated above.					
23A. SIGN	NATIORE /	1	11 2			23c. DATE SIGNED
	At the	tee	MJD.	171:00: N 2000	Alina G+	Oct. 19, 1950
24A. BURIAL TION, REMOVAL	(Specify)		24C. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town	, or county) (State)
Burial	Oct.2	3.1950	Cathedral		202021020	id.
DATE RECEIT	VED BY REGISTRAF	S'S SIGNATI	4	25. FUNERAL DIRE	CTOR	ADDRESS
25 0 219	-0 1 1 1 1 1 1 1	unitar M	Missia MO	Flynn & Fl	eming I426 Lie	tht St.
VS 150		4				



MARGIN RESERVED FOR BINDING

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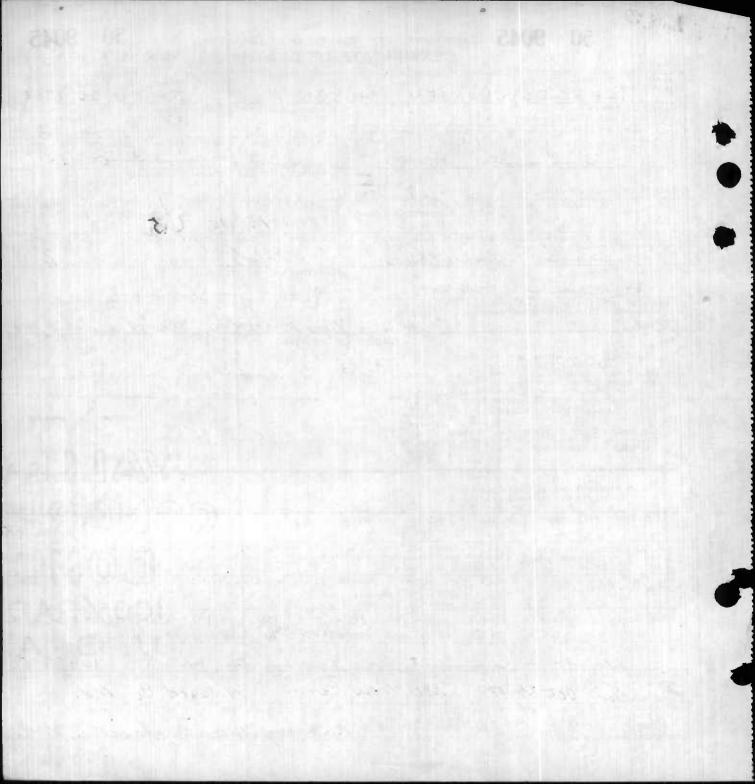
BALTIMORE CITY HEALTH DEPARTMENT

50	9044
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В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered	NO
1.	NAME OF D	ECEASED	Deneke			2. DATE OF Oct	ober 20, 1950
Α.		City, Maryland			A. STATE	DEATH CE (Where deceased lived, B. COUNTY	
Н	B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 14. S. Payson Street			Maryland c. CITY OR TOWN Baltimore		nits, write RURAL and give township)	
	T 11 6			Yrs. Mos.	D. STREET ADDRESS	(If rural, give location)	
	. Length of s	tay in Baltimore	7. SINGLE	Days E. MARRIED.	14 S. Payso	9. AGE (in years)	II Under 1 Year II Under 24 Hours
	mule	white	ma:	rried (Specify)	Oct. 16, 1876	6 last birthday) 174 years	donths Days Hours Min.
WOL	k done during most r	CUPATION (Give kind of f working life, even if retired) Reput Man		O. R. INDUSTRY	Baltimore,		12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S	IAME			14. MOTHER'S MAID	EN NAME	
_		Charles De			Mollie	?	
(Ye	o, no or unknown)	D EVER IN U.S. ARMED (If yea, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Lilliam	P. Denelte, 14	ADDRESS S. Payson Street
	18. 177	X	1		OF DEATH		DNSET AND DEATH
	(This does	LEADING TO DEAT not mean the mode o re, asthenia, etc. It mea	H f dying, e. s	(A) Can	crima Pr	Note Hang	1 1945
	injury or	complication which c	aused death	DUE TO		/	
z		ANTECEDENT CAUS	ES	BI	meshque	Careman.	1949
NOIT	RISE TO T	OR CONDITIONS, IF HE ABOVE CAUSE (A) VING CONDITION LA	STATING TH	IE DUE TO BU	onshipme		
ICA				(C)		······	
ERTIFICA	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT	NDT RELATE	D			
AL C		F OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING		CE OF INJURY (e. g., i			
Σ		Month) (Day) (Year)		21E. INJURY OCCURR		NJURY OCCUR?	
	m. WHILE AT NOT WHILE AT WORK						
	deceased alive on 29, 1956, and that death occurred at 4 P. m., from the causes and on the date stated above.						
	23A. \$15NAT	TURE & OP	men		38. ADDRESS	weel Arks Bld	23C. DATE STONED
2. TI	4A. BURIAL. (S ON, REMOVAL (S	REMA- 248. DATE pecify) 10/23/5	10	Loudon Par	RY OR CREMATORY 2	Ab. LOCATION (City, town Bultimore,	
	ATE RECEIVED	D BY REGISTRAR'S	SEIGNATU	Built No 0	Mm. Cook	TOR	ADDRESS Paul Street
	Vs 150	350	i-rang	553.50)		0516

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4.		120	50	904	5 ва	LTIMORE (CITY HE	ALTH DEPARTM	ENT \	50	9045
The	В	IRTH NO.	00	001				OF DEATH		stered No.	0010
	1.	NAME OF D			r N-1	100	11.	200	2. DATE OF	40	00.5
plied.							4. USUAL RESIDEN	DEATH CE (Where deceased B. COL		titution: residence before admission	
4	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)						_ Md.	4	Ha	ward	
ully.		STITUTION	نسرن	vers	ety	Hosp		c. CITY OR TOWN	Tuesde corpor	ate limits, v	vrite RURAL and giv township
egibly	-	T					Vac.	o. STREET ADDRES	S (If rural, give loc	ation)	300
(I) proof	_	Length of s	6. COLOR o			E. MARRIED)	Days	8. DATE OF BIRTH	9. AGE (In	years ff Und	ler 1 Year ff Under 24 Hours
ld bo		W	W			VED, DIVORCE		7eb-15.	1885 last birth	day) Month	ns Days Hours Min.
lear	worl I C	A. USUAL OC	CUPATION (confidence of working life, eve	Give kind of on if retired)	10B. KINI		SS OR NDUSTRY	11. BIRTHPLACE (Sta	te or foreign country) 12	CITIZEN OF WHAT COUNTRY
ttion th cl	13	FATHER'S	NAME		ugui	uluar		14. MOTHER'S MAIL	EN NAME		15. H.
VDING information of death cl		B	slow	m	Hob	les		Muni	e Dan	مم	
BINDIN of infor	(Ye	, no or unknown)	(If yes, give	S. ARMED war or dates	FORCES? of service)	16. SOCIAL SECUR		17. INFORMANT	00	ADD	RESS
R BIN		18. 11 2 D	,			unk	741100	Miss D. Jtc	loto . Wes	Men	INTERVAL BETWEEN
		4060	SE OR CON	DITION [DIRECTLY		CAUSE	OF DEATH			ONSET AND DEATH
E 4		(This does	not mean th	TO DEAT	H f dying, e. :	g., (A)	Yas	f. Myora	out of	farel	
Every write th			re, asthenia, e complication							U	
E. Y.	_	11 1 3	ANTECEDEN	T CAUS	ES						
RESERVED INK. Even please write	CATION		HE ABOVE CA			16	******************	***************************************	***************************************	******************	
	CAT		ING CONDI			(C)		***************************************	***************************************		
ARGIN FADING sicians:	RTIFIG										
MARGIN UNFADING Physicians:	ERI		IGNIFICANT	CONDIT							
	U		F OPERATION			FINDINGS	OF OPER	ATION			20. AUTOPSY?
WITH rtant.	CAL		10 one	- 0							YES NO
LY, WITI	MEDIC		ENT WAS U R CONTRIBL DEATH			ACE OF INJUI				e City, give	e exact location)
y ii L	~	21D. TIME OF INJURY	(Month) (Day	y) (Year)		21E. INJURY	OCCURR.	21F. HOW DID I	NJURY OCCUR?		
cial		00 77 1			m.	WORK	AT WORK	2	10.00		
E I						deceased fr and that dec					that I last saw th date stated above
RIT is e		23A. SIGNA		,	,			3B. ADDRESS			23c. DATE SIGNED
Be W	24	4A. BURIAL, (REMA-1 24B	DATE	Dem	24C NAME OF	M. D.	CY OR CREMATORY :	240. LOCATION (Ci	ty town or	eounty) (State)
PLEASE WRITE P	TIC	ON REMOVAL (S	pecify) OC					Cem.	/	Co 1	ld.
PLE		ATE RECEIVE	BY REG		SIGNAT	1751	V/ 85	25. FUNERAL DIREC	TOR	A A	DDRESS
1	=	9417	31950	Links	iglor/	you down !	Muse }	C. Harry Z	Leer - Oly	kenerk	le med.
		VS 150			0	ECHECA CONTRACT	100			6	94a



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plied. The	1. NAME OF DECEASE (Type or Print)
ilde	3. PLACE OF DEATH: A. Baltimore City, Ma
fully y.	B. FULL NAME OF (INSTITUTION ST T

9046

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9046 Registered No.

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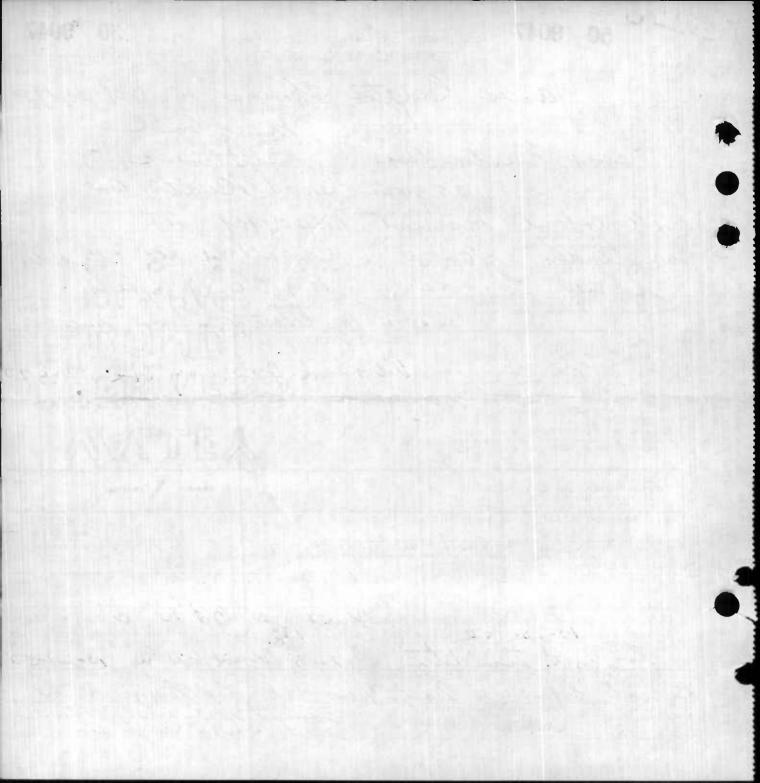
BIRTH NO.					
1. NAME OF DEC (Type or Print)	oshua Jacob	Rellin		2. DATE OF DEATH /4-	- 20 - 50.
3. PLACE OF DEA			4. USUAL RESIDEN	NCE (Where deceased lived.	If institution: residence before admission
B. FULL NAME OF		a, give street address or			more
HOSPITAL OR S		4 4 7 41 7			nits, write RURAL and gi
INSTITUTION 3	1035 by 2 1.00		100 / t/m	050 27-	wnshi
		Yrs.	D. STREET ADDRES	S (If rural, give location)	
c. Length of sta	y in Raltimore	Mos.	29020	Youndon Fl	V
	COLOR OR RACE 7. SINGLE,		8. DATE OF BIRTH	9. AGE (In years)	ff Under 1 Year If Under 24 Hou
M		D. DIVORGED (Specify	F- L 23 15	770 last birthday)	Months Days Hours Min
10A. USUAL OCCI	PATION (Give kind of 10B, KIND C	of Business or	11 BIRTHPLACE (St	ate or foreign country)	12. CITIZEN OF
one during most of w	orking life, even lf retired)	NDUSTRY		and state of the s	WHAT COUNTR
13. FATHER'S NA		mestic.		eyland	
IS. PATHER'S NA	/ 12 1/		14. MOTHER'S MAII	DEN NAME	
Va	000 Dellu	n	Marc	raret U	nknown
Yes, no or unknown)	EVER IN U. S. ARMED FORCES? (If yee, give war ur dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		AQDRESS
			Aggust	2 Bell1	2
18. /5/x		CAUSE	OF DEATH		INTERVAL BETWEE
DISEASE	OR CONDITION DIRECTLY	5//	0	1	ONSE! AND DEA
L	EADING TO DEATH ot mean the mode of dying, e. g.,	(A) ///a	with home	or have du	e.
heart failure	asthenia, etc. It means the disease.	DUE TO 0			
injury or e	omplication which caused death.)	Sto a	de Da	Davel . mas	
	NTECEDENT CAUSES	7,00		1	
DISEASES OF THE UNDERLYII	OR CONDITIONS, IF ANY, GIVING	(B)	Homael	1 -	***********
RISE TO THE	ABOVE CAUSE (A) STATING THE	DUE TO			
	11	(C)			
	NIFICANT CONDITIONS CON-				
	O THE DEATH, BUT NOT RELATED EASE OR CONDITION CAUSING IT.				
1 19A. DATE OF		e Stomach	RATION - CRICIN	oma of the la	1 916 20. AUTOPSY?
2 26 by 31		7.8	Loss Willens D	D 116 in D-14in City	YES NO
= ZIA. BUCCIDEN	(Specify) 218. PLAC	E OF INJURY (e. g., m,factory,street,office bldg.,	in or 21c. WHERE DI etc.) INJURY OCCUR	c? (If in Baltimore City	, give exact location)
Σ					
OF INJURY		E. INJURY OCCURF		INJURY OCCUR?	
		ORK NOT WHILE			
22. I herebu	certify that I attended the de	eceased from 9	-17- 1927	to 10 - 20, 19	50 that I last saw t
deceased aliv	e on 10-20, 1950, ar	nd that death occu		from the causes and on	
23A. SIGNATU			23B. ADDRESS	0 . 41	23c. DATE SIGNE
	12/21/elle	M. D.	1400 11.00	count A.	10-20-50
24A. BURIAL, CR	cify	C. NAME OF CEMETI	ERY OR CREMATORY	24D. LOCATION (City, tow	vn, or county) (State
TION, REMOVAL (Spe	10-23-50	south	un	alboard	un hol
DATE RECEIVED		E	25. FUNERAL DIRE	CTOR	ADDRESS
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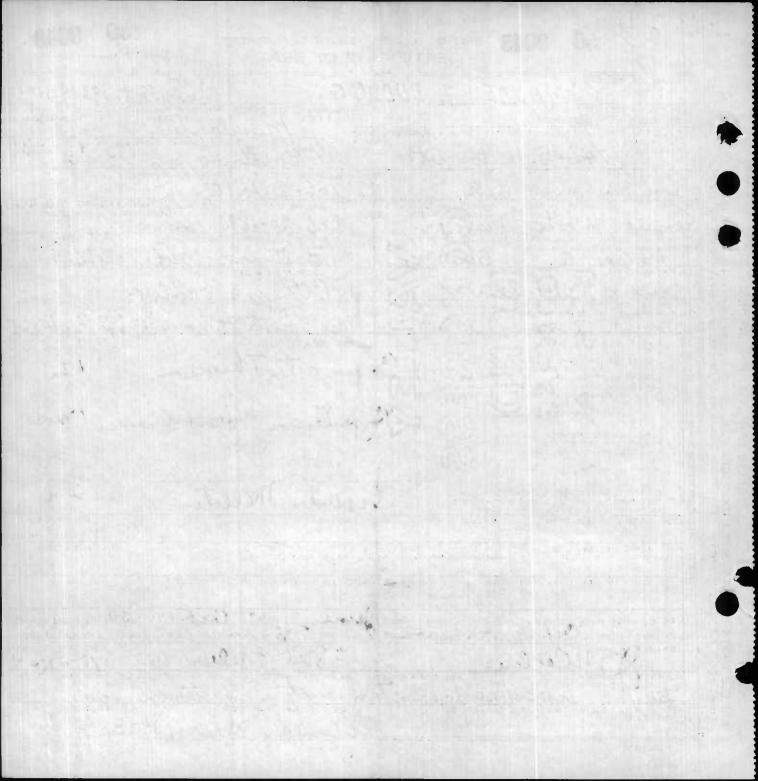


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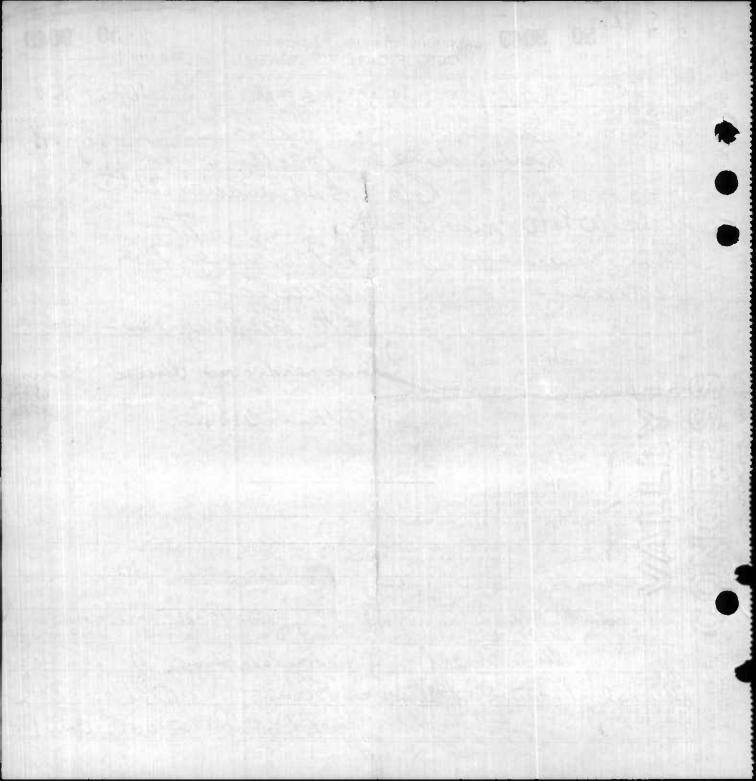
before admission)

Registered No.

(If not in hospital or institution, give street address or	Mayland.	
6.5. Hilton St.	C. CITY OR TOWN I (If outside corporate limits, w	rite WRAL and give township)
Baltimore Lile Yrs. Mos.	D. STREET ADDRESS, (If rural, give location) 146- S. Hilton St.	
LOR OR RACE 7. SUNGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (in years light hirthday) Months	1 Year H Under 24 Hours Days Hours Min.
FION (Give kind of give kind of retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	CITIZEN OF WHAT COUNTRY?
Dag l	14. MOTHER'S MAIDEN NAME	.3.1
Callohan'	Catherine Schley.	
R IN U. S. ARMED FORCES? es, give war or dates of service) None 16. SOCIAL SECURITY NO.	no doretta Suemia - 146.5	Hilton St.
CAUSE	OF DEATH	INTERVAL BETWEEN
CONDITION DIRECTLY DING TO DEATH nean the mode of dying, e.g., nenia, etc. It means the disease, ication which caused death.) DUE TO	a arte Thronbon	1 hr
CEDENT CAUSES	estaria Heart Desere	truce.
CONDITIONS, IF ANY, GIVING OVE CAUSE (A) STATING THE DUE TO CONDITION LAST.		
II ICANT CONDITIONS CON- HE DEATH, BUT NOT RELATED OR CONDITION CAUSING IT.	bets mellitus	2 %
RATION 198. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
UICIDE, 21s. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et		exact location)
(Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OCCUR?	
m. WORK AT WORK	1947 to Oct 19, 1950 t	h
ify that I attended the deceased from		hat I last saw the late stated above.
Walleys M.D.	3321 Theleuch au	30. DATE SIGNED
Oct. 23/1950 London Park	Cemetery, Baltimore. To	county) (State)
REGISTRARYS SIGNATURE	Charles I Schwal 3512 Fre	dik. Ave.
	1)	061.0



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF EICHENGREE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. STATE A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hopital or institution, give street address or HOSPITAL OR location (If outside corporate limits, v INSTITUTION Yrs. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRI 9. AGE (in years) If Under 1 Year WIDOWED, DIVORCED (Specify wirthday) Months: Days Hours: Min. OF BUSINESS OR 12. CITIZEN OF INDUSTR' WHAT COUNTRY? information FATHER'S NAME 15, WAS DECEASED EVFR IN U. S. ARMED FORCES? 16, SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO NTERVAL BETWEEN DEATH 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: CERTIF (C) ... 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ PLEASE WRITE correct age is esp 1950, and that death occurred at deceased alive on 10-21 from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 10-21-5 BURIAL, CREMA-REMOVAL (Specify) ADDRESS DATE RECEIVED BY FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entitics resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

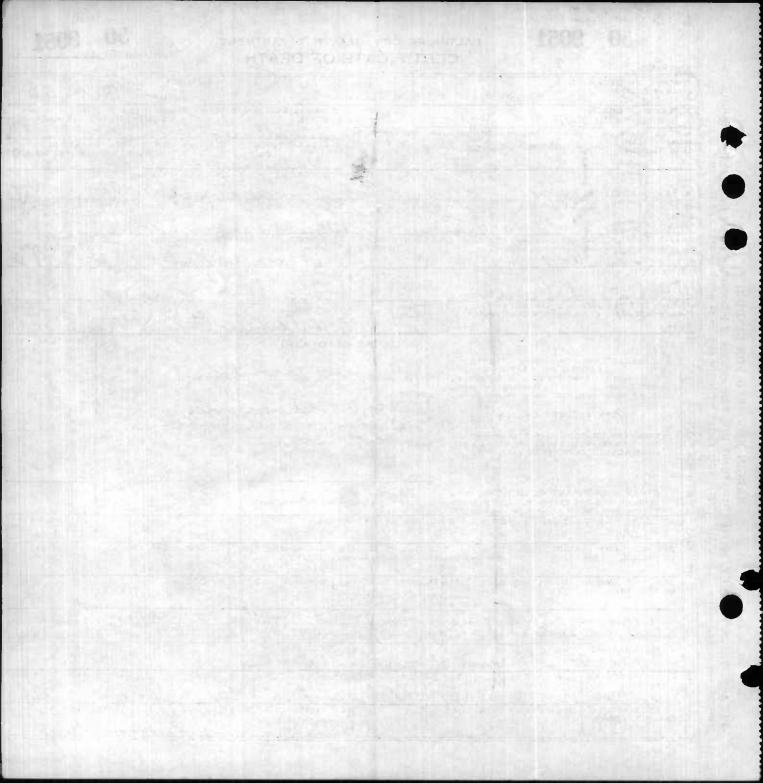
For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

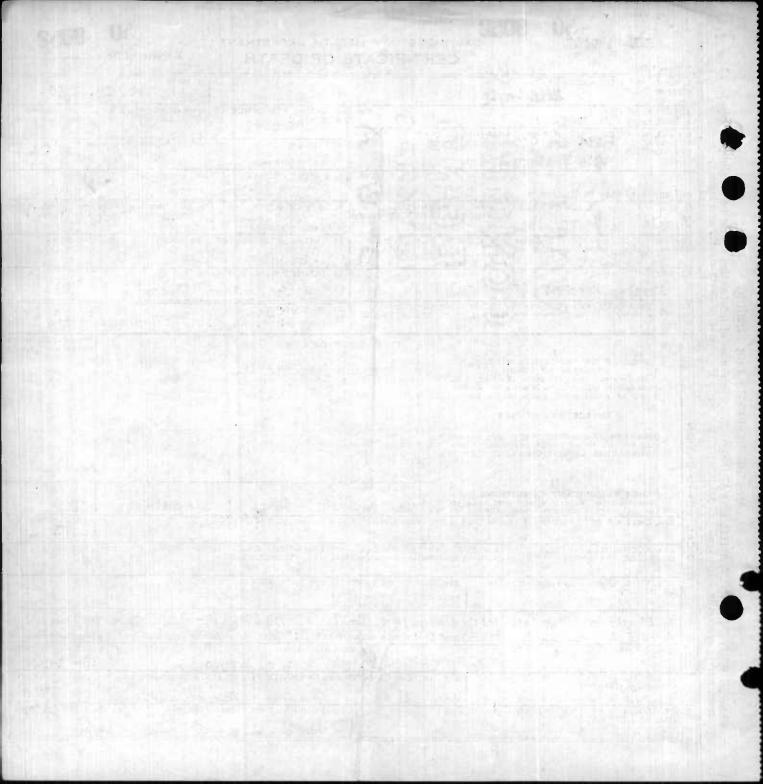
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	NAME OF D	SA A	RAH	COLLIN	√ S	2. DATE OF DEATH 20 (QCT 50
3. A.	PLACE OF D Baltimore (EATH: City, Maryland			A. STATE	ENCE (Where deceased lived, If	
H	FULL NAME OSPITAL OR ISTITUTION		aritan arey S	ion, give street address or location) Yrs.	C. CITY OR TOWN	(If outside corporate limits	s, write RURAL and give township)
c.	Length of s	tay in Baltimore		Mos. Days	2,402	Flances N	7:
14	,SEX Temale	Colored Colored		E. MARRIED, VED, DIVORCED (Specify)	BLU. Z/	9. AGE (In years) if	Under 1 Year If Under 24 Hours nths Days Hours Min.
work	k done during most o	CUPATION (Give kind of working life) even if retire	of 10B. KIND	O OF BUSINESS OR INDUSTRY		State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Dich	and Ou	reiche		14. MOTHER'S MA	Dower)	
15 (Ye	S. WAS DECEASE s, no or unknown)	ED EVER IN U.S. ARM (If yes, give war or da	ED FORCES?	16. SOCIAL SECURITY NO.	MA Deen		raujeis At
	18. 422	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
	(This does heart failu	LEADING TO DE s not mean the mode are, asthenia, etc. It m complication which	ATH of dying, e. cans the diseas	E., (A) Ceres	ral thro	nbosis	
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ERTIFIC	TRIBUTING	II SIGNIFICANT CON S TO THE DEATH, BU	T NOT RELAT	N: Mal			
AL C		F OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY7
EDIC/	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B. PL/ about home,	ACE OF INJURY (e. g., i	n or 21c. WHERE D		yes No Sive exact location)
Σ	2 ID. TIME (OF INJURY	(Month) (Day) (Yea		2 IE. INJURY OCCURR		INJURY OCCUR?	
	22. I hereby certify that I attended the deceased from 140ch, 1950, to 20 Qch, 1950, that I lust saw the deceased alive on 20 0ch, 1950, and that death occurred at 11 mm., from the causes and on the date stated above.						
	23 SIGNAT	il It . It		(2	23B. ADDRESS 201 Wer an		23c. DATE SIGNED 20 Oct 50
7	AA. BURIAL, CON, REMOVAL (S	10 - 2:	3-50	240. NAME OF CEMETE	ry or CREMATORY	Bactimal	ml
	ATE RECEIVED CAL REGIST		R'S SIGNATU	Letter Marie	Mino Ay No	encio a Her	nolun
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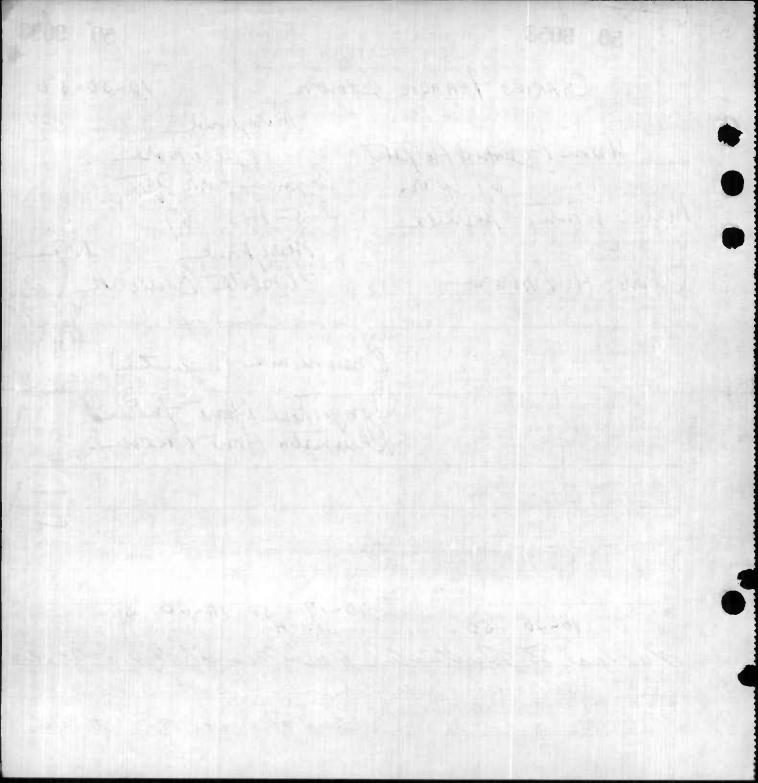


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le .	2		EALTH DEPARTMENT E OF DEATH Registered No	9052
d. The	1.	NAME OF DECEASED (Spe or Print) Anna Lewis	2. DATE OF Oct. 19	, 1950
pplied.	A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instit	tution: residence before admission)
efully bly.	H	FULL NAME OF A line in hospital or institution, give street address of ospital or Baltimore City hospitals location struction 4940 Eastern Avenue	T	ite RURAL and give township)
rould be reful		Yrs. Mos. Days Length of stay in Baltimore Life Days SEX [6. COLOR OR RACE] 7. SINGLE MARRIED.	D. STREET ADDRESS (If rural, give location) 1522 Harlem Avenue	
uld b		emale Negro 7. Single, Married, Widowed, Divorced (Specify Widowed)	8. DATE OF BIRTH Aug. 11, 1872 9. AGE (In years last bighday) Months	Days Hours Min.
information snot	work	DA. USUAL OCCUPATION (Give kind of a done during most of work in file, even if retired) Description of the control of the con	Virginia	CITIZEN OF WHAT COUNTRY?
rmati	13	Abraham Marshal (Marshall) (D)	Bitsy Boulden (Betsy)	(D)
of info	15 (Yes	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 28, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Records: B. C. H. 4940 Eastern	
INK. Every item please write the cau	ATION	DISEASE OR CONDITION DIRECTLY		interval between onset and death 2 weeks
TH UNFADING t. Physicians: 1	L CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	lerotic Heart Disease with Myoca	2 Mos. rdial 20. AUTOPSY? yes A No
ILY, WITH important.	EDICAL	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.		
7.	M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURP OF INJURY WHILE AT WORK NOT WHILE		
TE F		deceased alive on 10-19 19 50 and that death occur	-17 , 19 59 to 10-19 , 19 59 th urred at 8:35 Pm., from the causes and on the di	at I last saw the ate stated above.
WRI ge is	2.	23A, SIGNATURE	238. ADDRESS 238. 4940 Eastern Avenue	10-21-50
orrect ag	Ti	Burial 10-24-50 mg autour	n Com Bactimore 1 25, FUNERAL DIRECTOR SNI Bed Alls AD	mid.
or.	II L	OCAL REGISTRAR REGISTRAR'S SIGNATURE	Dieda War	1



The off.	ВІ	30 333	EALTH DEPARTMENT E OF DEATH	Registered No.	9053
pplied.	(T	PLACE OF DEATH:	Pown	2. DATE OF DEATH /0-20.	-50
appl	B. H	Baltimore City, Maryland 33 V Calvert Sts. FULL NAME OF (If not in hospital or institution, give street address or location)	A. STATE harry as	B. COUNTY by Baltimary	efore admission)
efull. bly.	IN	ISTITUTION Umon Mengeral Hospital	Bal	ural, give location)	township)
be eft	c.	Length of stay in Baltimore Mos. Days SEX 6. COLOR OF RACE 7. SINGLE MARRIED.	B. DAT OF BIRTH	nh gar	I If Under 24 Hours
on uld be	10	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	last birthday) Months Da	ys Hours Min.
tion ch clea		Returned De Coal INDUSTRY	Mary fare 14. MOTHER'S MAIDEN NA	e u	1 PUNTRY?
IDING information of death cl	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	Clyabete 17. INFORMANT	- Bullock ADDRESS	
of of	(10	s, no or unknown) (If yes, give war or dates of service) SECURITY NO. Nones 18. 41/4 CAUSE	Mrs. Jane S. Brown	(wife) Human Ja	rok abts.
FO it he		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	eumona (escration) ONS	ET AND DEATH
Every write the		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	//	=1.	
RESERVED INK. Ever	NOIT	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	ngestime How	y failure	
GIN DING ans:	FICAT	UNDERLYING CONDITION LAST.	unate Han	NAV196	
MARGIN UNFADING Physicians:	CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
hd .	CAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20 YE	AUTOPSY?
- 6	MEDIC	218. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If	in Baltimore City, give exac	t location)
INLY, ally imp		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		OCCUR?	
		deceased alive on 10 20, 1950 and that death occur		e causes and on the date	I last saw the stated above.
WRITE I		Walled to Poutlicla. D.	Muon Memore	al som. 200	OF 1950
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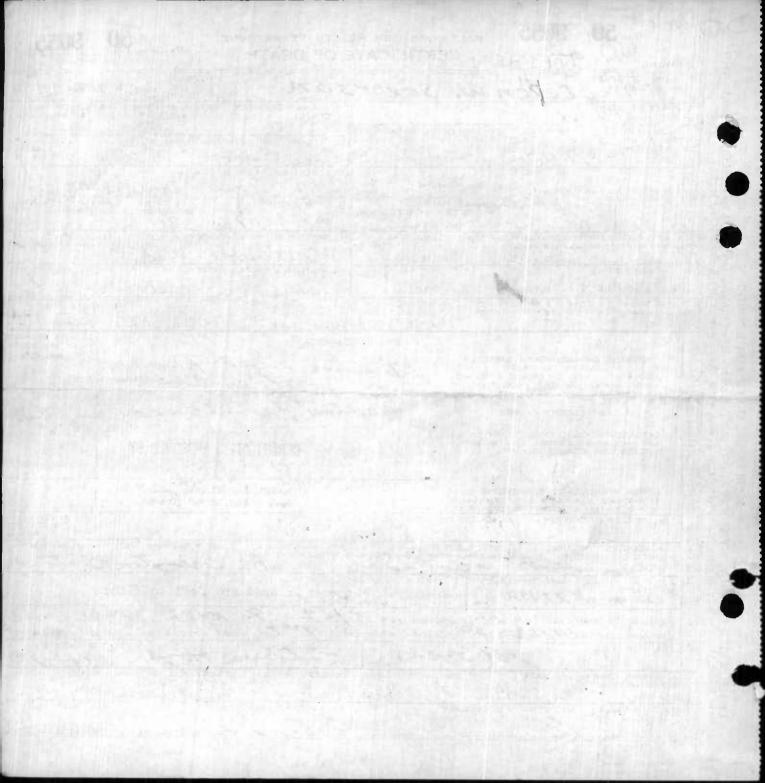


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N-	50 9054 BALTIMORE CITY HEALTH DEPARTMENT 50 CERTIFICATE OF DEATH Registered No.	9054
The	CERTIFICATE OF DEATH Registered No	
	1. NAME OF DECEASED (Type or Print) Nrs. Emily McKeldin 2. DATE OF DEATH 10-2	1-5-6
y item of information ould be careful upplied the causes of death clearly and legibly.	S. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE, B. COUNTY	
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, we)	itc RURAL and give
	Mercy Noc Pilal Balt, more. Yrs. D. STREET ADDRESS (If rural, give location)	township)
	c. Length of stay in Baltimore Lite. Mos. 1143 Carroll STreet	
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) Feb. 4-1921 3. AGE (In years last birthday) Wonths	Days Hours Min.
	10A. USUAL OCCUPATION (Givekind of tob. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	US 84
	George Schriefer EThelE.Quinn	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or ookoown) (If yes, give war or dates of nervice) 16. SOCIAL SECURITY NO. Charles McKeldin 1143 Car	1 -
	CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	3 day 5.
• 10	injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
INK	Z DISEASES OR CONDITIONS, IF ANY, GIVING	ierminal
INLY, WITH UNFADING	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. U	
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	OTHER SIGNIFICANT CONDITIONS CON- III TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT.	
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	21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give	YES NO L
	HOMICIDE (Specify) Specify About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from 10-17, 1954 to 10-21, 1954 that I last saw the	
TE	deceased alive on 10 - 2 1, 19 50, and that death occurred at 4 2 m., from the causes and on the date stated above.	
VRI is		1 - 2 1 - 50.
PLEASE WRITE correct age is esp	24A. BURTAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or co	
PLEAS	DRESS	
PL	DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR AD LOCAL REGISTRAR AD LOCAL R	duourson
	Vs 150	19 ave

NOT A MEDICA". EXAMINER'S CASE CHIEF OR ASS'T. MEDICAL EXAMINER LE FORMING COSE, CONTRACTOR OF THE PARTY. oftenly H. Durlaston M.D.

5-		EALTH DEPARTMENT 50 9055
The	BIRTH NO.	E OF DEATH Registered No.
plied.	(Type or Print) Stepen W. Sever	507 OF OCT 27, 1950
apli	A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)
S	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
efull	H Lutheran Hospital	Baltimore Cateroville
egil	c. Length of stay in Baltimore	D. STREET ADDRESS (If gural, give location)
d be	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. (Specific	8. DATE OF BIRTH 9. AGE (In years 1 Under 24 Hours 1 Under 24 Hours 1 Under 24 Hours 1 Under 24 Hours 1 Under 25 Hours 1 Under 26 Hours 1 Under 26 Hours 1 Under 27 Ho
early	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	IJ. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
tion the	work done during mont of working life, evan if retired) INDUSTR	Battimore mid WHAT COUNTRY?
Gma	Stephen V: Sever sons	14. MOTHER'S MAIDEN NAME
Din	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war nr dates of service) SECURITY NO.	17. INFORMANT APPRESS (B)
of of uses	212-16-6008	Evalyn M. Deverson 602 Orpuglon C.
OR item	DISTANCE OF CONTROL DIFFERENCE	OF DEATH
中で	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	thre Left femur
RVED Ever write	injury or complication which caused death.) ANTECEDENT CAUSES To a	wine B I Amount
RESE INK.	Z DISEASES OR CONDITIONS, IF ANY, GIVING	4 // 1/2000
PH PH	RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
RGIN ADIN cians:	(C)	ρ'
MARGIN UNFADINC Physicians:	OTHER SIGNIFICANT CONDITIONS CON-	CHIEF OR ASST. MEDICAL EXAMINER.
н.	TO THE DISEASE OR CONDITION CAUSING IT.	RATION 20. AUTOPSY?
LY, WITI	21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g. about home, farm, factory, street, office bldg	
Y, npor	E accident about lon	602 Osang on Relabourle
ally ir	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY WHILE AT NOT WHILE	Tripped and fell to floor
P	22. I hereby certify that I attended the deceased from	-/22 19500 10/22 1950 that I last saw the
ITE P especi	deceased alive on 10/22, 1930, and that death occu	urred at 3.7 m., from the causes and on the date stated above.
WRITE ge is esp	M.O.	Lutheron 1100 19/22/10
SE ag	24a. BURIAL, CREMA- 24B. DATE 100, REMOVAL (Specify) Och 25-1950 Loudow	ERY OF CREMATORY 240. LOCATION (City, town, or county) (State)
PLEASE Wi	DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
Αő	1101 721220 Marine 1 2 0 0	Mr. Mils. John 10 Tenfel Son 5311 Edmondson Uve
	VS 150 N 8 21.1	186 a

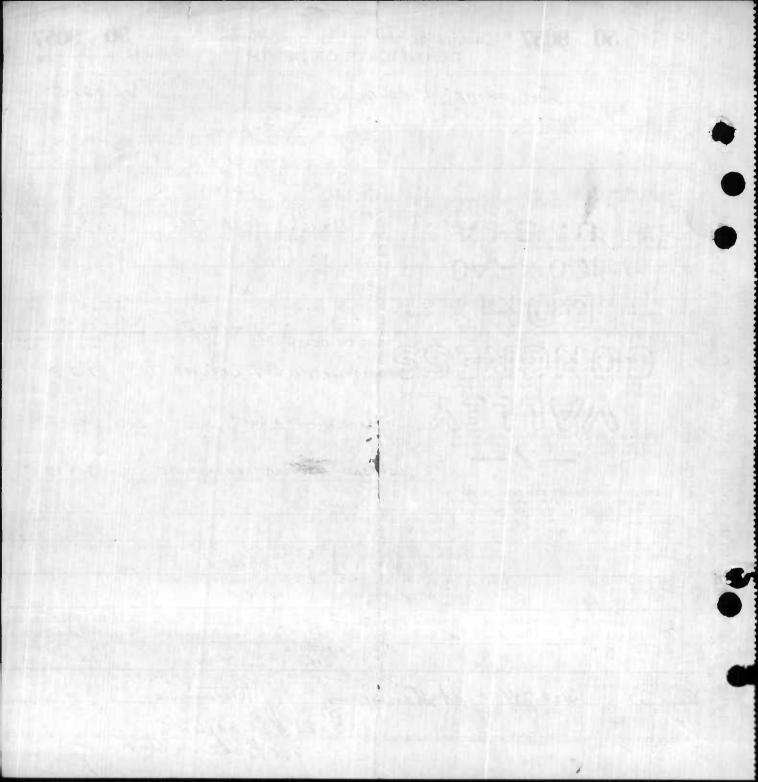


	425	CERTIFI	CATE CORRECT	ED 11-6-50		
,	50	9056		EALTH DEPARTMENT	Registered N	9056
d. The	1. NAME OF DECEAS (Type or Print)		TORRIS WI	LSON	2. DATE OF 2/	Oct 1950
pplied.	A. Baltimore City, M	aryland		4. USUAL RESIDENCE ()	DEATH	
	HOSPITAL OR		itution, give street address or location)		outside eorporate limits	, write RURAL and give
refully legibly.	Length of stay in	Raltimore	Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)	7042
uld be		OR OR RACE 7. SIN	Days GLE, MARRIED, DOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years #	Under I Year If Under 24 Hours https://doi.org/10.1001
	10A. USUAL OCCUPAT work done during most of working TECHNICAL DI	ION (Give kind of life, even if retired) RECTOR	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY
IDING information of death cl	WILLIAM		SON	MAUDE	DLIYER	U
BINDIN of infor	15. WAS DECEASED EVER (Yes, no or unknown) (If ye	IN U.S. ARMED FORCE: os, give war or dates of service	S? 16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
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⊞.	19A. DATE OF OPE	20 No	PLACE OF INJURY (a. g.,	Jindung	If in Baltimore City, g	20. AUTOPSY?
Y, WIT	21A. ACCIDENT W LYING ☐ OR CON' CAUSE OF DEATH	TRIBUTING about be	ome, farm, factory, street, office bldg.	Mete.) INJURY OCCUR?		The exact location)
nally	OF INJURY	r	MHILE AT NOT WHILE AT WORK			
WRITE ge is especia	22. I hereby cert deceased alive on 23A. SIGNATURE	Honsel	Dand that death some	rred at 8: 20 gm., from to	the causes and on the	Phat I last saw the date stated above
् व	24A. BURIAL. CREMA- TION, REMOVAL (Specify) Burial	248. DATE 10/23/50	24c. NAME OF CEMETE Druid Ridge		OCATION (City, town.	or county) (State)
PLEA correct	DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGN	1	25 FUNERAL DIRECTOR	mest San	ADDRESS CONTROL
	VS 150		290 L	18	128	. o Mad

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l P	RTH NO. CERTIFICAT	E OF DEATH Registered N	Vo
1.	NAME OF DECEASED	2. DATE	
(7	ype or Print) LATHERINE MROZIN		0-21-50
Α.	PLACE OF DEATH: Baltimore City, Maryland 531 8 Chester Sx	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution : residence before admission
H	FULL NAME OF (If not in hospital or institution, give street address o Jocation STITUTION		
4	Yrs.	D. STREET ADDRESS (If rural, give location)	township
C.	Length of stay in Baltimore Mos. Days	F21 & CLESTED SI	r,
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIBQWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Mo	Under I Year If Under 24 Hours nths Days Hours Min.
10 wor	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) INDUSTR		12 CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1	M. Tilespi	U N/C	
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If you, give war or dates of service) SECURITY NO.	17. INFORMANT A	DDRESS
_		J. Myozinsky 531 8 Ch	esles st
	18.422.1 CAUSE	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	SCLEROTIC C.V. DESENSE	- 7 0
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	STREET, C.A. DETENE	7-2-50
Z		AR DIAL FAILURE.	9-15-50
ATIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
F	(C) CEREBI	90- VASCULAR THROMAUSIF	10-17-50
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	YNNE.	
O	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?
IA.	NONE		YES NO X
1EDIC	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) AVONE 21B. PLACE OF INJURY (e.g., about home, furm, factory, street, office bldg.		give exact location)
2	OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS WHILE AT WANTEHILL		
	III. WORK		-
	22. I hereby certify that I attended the deceased from 7 deceased alive on 10-20, 1950, and that death occur	urred at // Am., from the causes and on the	$\mathcal{Q},$ that I last saw th he date stated above
		23B. ADDRESS	23c. DATE SIGNED
-	& alchanicak M.D.	ERY OR CREMATORY 24D. LOCATION (City, town,	10-21-50 or county) (State)
11	AA. BURIAL, CREMA- DN. REMOVAL (Specify) Oct 24/30 St Stanish	Billinge	or county) (State)
Dro	ATE RECEIVED BY REGISTRAR'S SIGNATURE	Fred Wagnerate	ADDRESS
	VS 150	1020 Fratour Que.	
	The second secon	1900 00000	093d



INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) DANK thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [], suicide M, homicide [], undetermined []. 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR Oct. 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) Oliver & Greenmount Avenue Greenmount 25. FUNERAL DIRECTOR Cook, 1701-03 Patterson

before admission)

Hours: Min.

WHAT COUNTRY?

M Under 1 Year

ADDRESS

12. CITIZEN OF

esp RITI is es age S correct

BURIAL, CREMA

Cremation

TION, REMOVAL (Specify

DATE RECEIVED BY

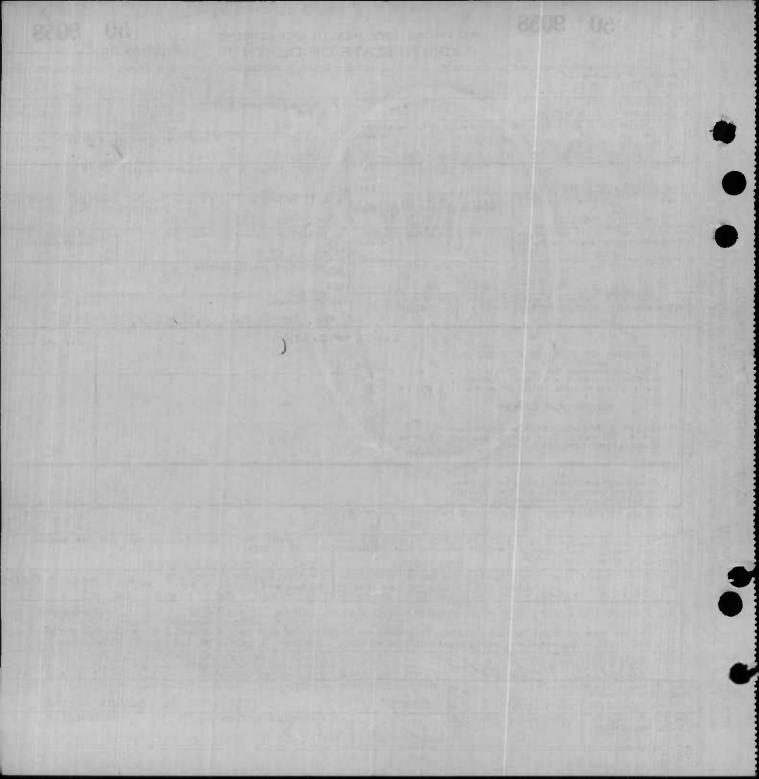
LOCAL REGISTRAR

24B. DATE

10-23-50

REGISTRAR'S SIGNATURE

while when



VS 150

INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) 10/20/, 19 50 that I last saw the 1: 25 from the causes and on the date stated above. 23c. DATE SIGNED ADDRESS

before admission)

If Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

township)

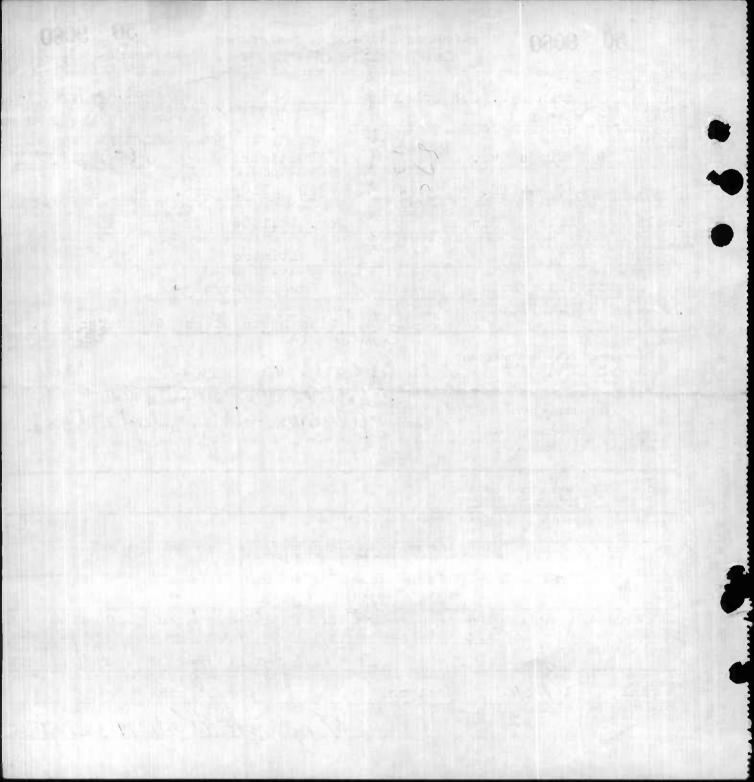
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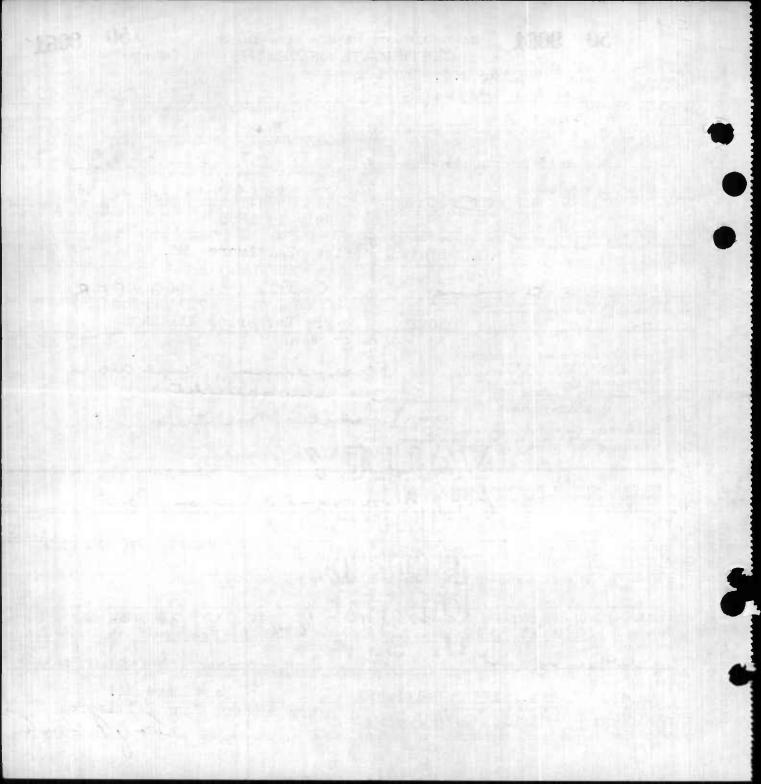
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	9060
Registered No.	

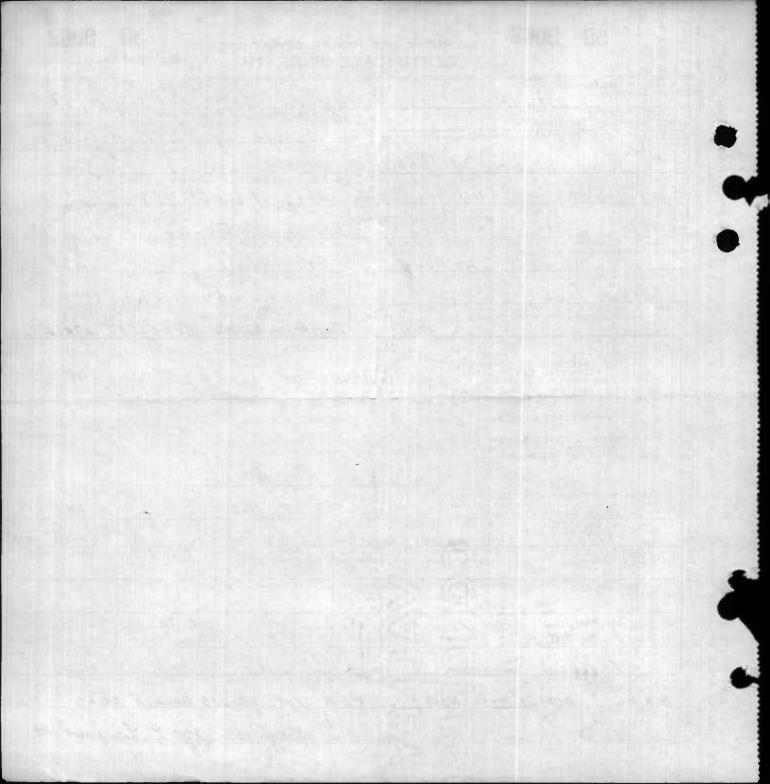
В	RTH NO.			CLIVIII ICATI	L OI DEAI				
	NAME OF D	ECEASED					2. DATE		
		Amanda	H. Sc	huerholz			OF Oct		
A.		EATH: City, Maryland			4. USUAL RESIDE	ENCE (Wh	ere deceased lived B. COUNTY		: residence ore admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address o HOSPITAL OR location				C. CITY OR TOWN	(If o	utside corporațe lj	mits write RI	IRAL and give
V	ISTITUTION	2922 Riggs	Ave.		Baltimo		11	007	township
1.6				Yrs.	D. STREET ADDRE		ral, give location)		
c.	Length of s	tay in Baltimore L	ife	Mos. Days	2922 Ri	ggs A	ve.		
5.	SEX	6. COLOR OR RACE	WIDON	E. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday)		If Under 24 Hours
	emale	White	Sing	le	Dec. 18,18		61	10 2	AZOGIS MIM.
1 C	k done during most ç	CUPATION (Give kind of a working life, even if retired)	108. KIN	D OF BUSINESS OR INDUSTRY	Baltimo		eign country)	12. CITIZ WHA	ZEN OF T COUNTRY
13	FATHER'S	AME			14. MOTHER'S MA	IDEN NAM	ИE		
	Augu	st Schuerh	olz		Barbara	Keys			
15 (Ya	. WAS DECEASE	D EVER IN U. S. ARMES	FORCES?	16. SOCIAL	17. INFORMANT			ADDRESS	
(10	e, no or unanown)	(11 you, give was of trace	or service)	214-01-2915	Miss Leot	a Gib	bbs 2922	Riggs	Ave.
	18. 420	. ()		CAUSE	OF DEATH			INTER	VAL BETWEEN
		E OR CONDITION		,	0 0 8		Λ	n	AND DEATH
	(This does	not mean the mode of	f dying, e.	E., (A) Cere	bral been	non	rage	20	loup
		re, asthenia, etc. It mea complication which c			o ol esto	مر من	leosis n	ist	1
		ANTECEDENT CAUS	ES	della	American N. V.	/ .		aun.	V
Z	DISEASE			(B) My De	News 1000 -	-, arte	in ales	tic 6	yess.
2	RISE TD T	HE ABOVE CAUSE (A)	STATING T		discore mi	th Try	serhophy	. 0	1
CA	UNDERLI	ING CONDITION LA	51.	(с)			1.		*******************
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ERT		IGNIFICANT CONDI							
Ö	TD THE D	ISEASE DR CONDITION	CAUSING	IT				<u></u>	
T	19A. DATE C	F OPERATION 0 1	9B. MAJOR	R FINDINGS OF OPER	ATION				AUTOPSY?
DICA	21A. ACCID	ENT WAS UNDER-	21B. PL	ACE OF INJURY (e. g., i	o or 21c. WHERE D	DID (If	in Baltimore Cit	y, give exact	
ED		R CONTRIBUTING	about bome	, farm, factory, street, office bldg., o	INJURY OCCU	R7			
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY	OCCUR?		
	OF INJURY		m.	WHILE AT NOT WHILE					
	22. I hereh	u certify that I att		- 1-	18 194	Vto G	ct 20 10	So that I	last sam th
deceased alive on ot 20, 1950, and that death occurred at Tm., from the causes and on the date stated above.									
	23A. SIGNA	TURE .	0 0		3B. ADDRESS	D R	-	23c. D.	ATE SIGNED
)	W. Mic	hel	м. р.	1015 Pop1	(ar 2	rose, se		21-1950
TII	AA. BURIAL. (S ON REMOVAL (S BUTIAL	nagify		24C. NAME OF CEMETE	RY DR CREMATORY		CATION (City, to	wn, or county	(State)
_				Western	Kan Electrical		timore		
	ATE RECEIVE		SSIGNAT	Milianes, Mil	25. FUNERAL DIR	ECTOR	11/1	ADDRES	1 11
_ (CT 2319	וטטו	. %-	0 6 1	Trederes	1/4	· (voll /	913W,1	Vallo, St
	VS 150				/			00	51
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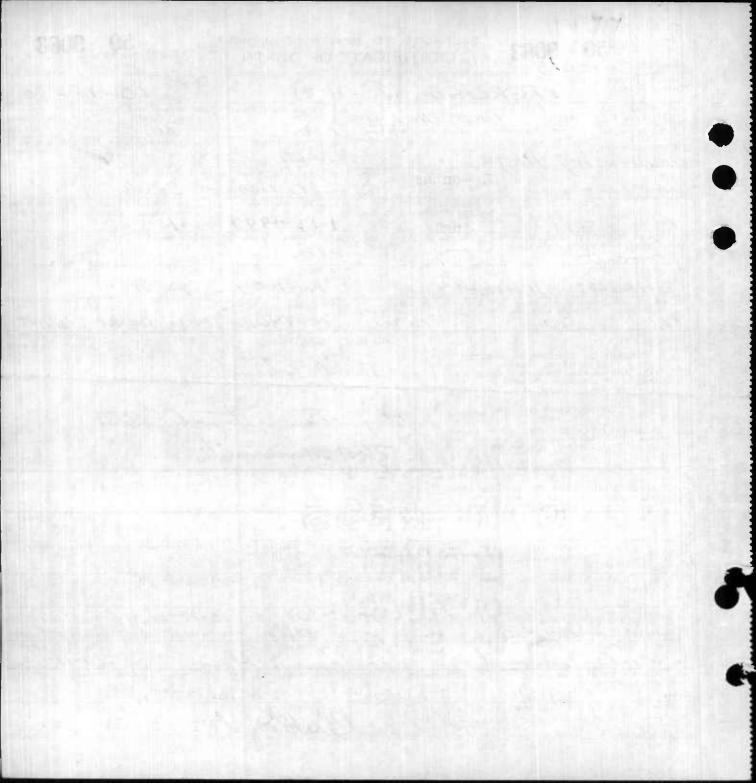


The The	7 - B	352 50 9062 BALTIMORE CITY HEA CERTIFICATE		50 Registered No	9062
ation : Id be mefully plied.	1. (T) 3. A. B. H. IN C. 5. /	Adams Mys Veyo B. PLACE OF DEATH: B. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home of Hospital or institution, give street address or location) Church Home of Hospital or institution, give street address or location) Church Home of Hospital or institution, give street address or location) The street of the str	Baltimore	b. COUNTY Barting o putside corporate limits, w ural, give location) 5 t, 9. AGE (In years list birthday) Months	before admission) rite RURAL and give township) st Year
INK. Every item of please write the cause	RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, g, heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. SECURITY NO. NOME 7 CAUSE OF CAUSE O	er of Bow	ADDE	
PLEASE WRITE I NLY, WITH UNFADING correct age is especially important. Physicians:	MEDICAL CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in o about home, farm, factory, street, office bidg., etc. 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK 22. I hereby certify that I attended the deceased from Oct deceased alive on 23A. SIGNATURE 23A. BURIAL, CREMA- 10N. REMOVAL (Specify) BURIAL CREMA- 10N. REMOVAL (Specify) BURIAL CREMA- 10CT 25 /960 HOLY REDEF ME	21c. WHERE DID (If INJURY OCCUR? 21f. HOW DID INJURY 9,1950, to 5e ed at 122 Pm., from the sea at 122 Pm.	Sigmoid in Baltimore City, give OCCUR? Language and on the company of the consess and on the company of the c	hat I last saw the late stated above. 3c. DATE SIGNED (OLD) (State) AD MD.
PLI	L	DATE RECEIVED BY REGISTRAR'S SIGNATURE 2	109/160 100		DDRESS

DATE RECEIVED BY VS 150 10 A 10 Company 11



7	50 900	63 BAI		EALTH DEPARTMEN	T 50 Registered N	9063
1. NAME OF	44-00 90	78			LO DATE	
(Type or Print		ERLII	VG RA	IKES	2. DATE OF DEATH /O-	18-50
	City, Maryland		· UNIV. HOSP	A. STATE	(Where deceased lived, If i	nstitution : residence before admission)
B. FULL NAM HOSPITAL OF INSTITUTION	3	spital or institut	ion, give street address or location)		(If outside corporate limits	, write RURAL and give
UNIVE	RSITY H	losp.		BALT.	25-3	township
		21 M	onths Yrs.	D. STREET ADDRESS		
c. Length of	stay in Baltimor		Days		CER DRIVE	
S. SEX	6. COLOR OR RA	WIDOV	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours ths Days Hours Min.
TOA. USUAL Cowork done during mo	CCUPATION (Giveking life, even if ret	ndoft 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME			14. MOTHER'S MAIDEN	NAME	U.SAA.
CHA		AIKES		NAINCY	ARTIS	
15. WAS DECEA	SED EVER IN U. S. Al	MED FORCES?	16. SOCIAL	17. INFORMANT	_ AD	DRESS
no	no		WWW.	MOTHER	2815 Book	ER DRIVE
18. 010	X		CAUSE	OF DEATH		INTERVAL BETWEEN
Z DISEAS	lure, asthenia, etc. It is complication which which will be an arranged to the complication of the above cause LYING CONDITION	th caused death AUSES S. IF ANY, GIVIN (A) STATING TH	(B) Carpi	Messassins,	its	6
OTHER TRIBUTII	SIGNIFICANT CO	SUT NOT RELATI	D			
. 19A. DATE	OF OPERATION		FINDINGS OF OPER	RATION	•	20. AUTOPSY7
LYING D	DENT WAS UNDE		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore City, gr	vė exact location)
Z 1D. TIME						
22 7 h and	has a maife at at T	m.]	WORK AT WORK	13-50 10 10	10-18-52 10	
deceased	22. I hereby certify that I attended the deceased from 10-13-50, 19, to 10-18-50, 19, that I last saw the deceased alive on 10-18-50, 19, and that death occurred at 10:30 pm., from the causes and on the date stated above.					
23A. SIGN		1		3B, ADDRESS	the causes and on th	23c. DATE SIGNED
24A. BURIAL. TION, REMOVAL	CREMA- 248 DAT		M. D. 24C. NAME OF CEMETE	RY OR CREMATORY 24D	LOCATION (City, town,	10 // /-
Burial	10/23	/50	Mt. Calvary	y A.	A. County, Md.	
DATE RECEIV	ED BY REGISTR	AR'S SIGNATU	RE .	25. FUNERAL DIRECTO		ADDRESS
VS 150	130 1	0	Anna marinis	Table Name of the		
					0	14.0



21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT AT WORK WORK

22. I hereby certify that I attended the deceased from. deceased alive on 6. 20. 1950 and that death occurred at 12:45 cm., from the causes and on the date stated above. 23A, SIGNATURE

23B. ADDRESS

1950 to Oct 20

23C DATE SIGNED 10 20 150

. 1950 that I last saw the

20. AUTOPSY?

before admission)

Il Under 24 Hours

12. CITIZEN OF

ADDRESS

WHAT COUNTRY

INTERVAL BETWEEN

ONSET AND DEATH

24A. BURIAL, CREMA-TION, REMOVAL (Specify) Burial

24B, DATE

24c. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Auburn Cem Mt.

Balto. 25/FUNERAL DIRECTOR

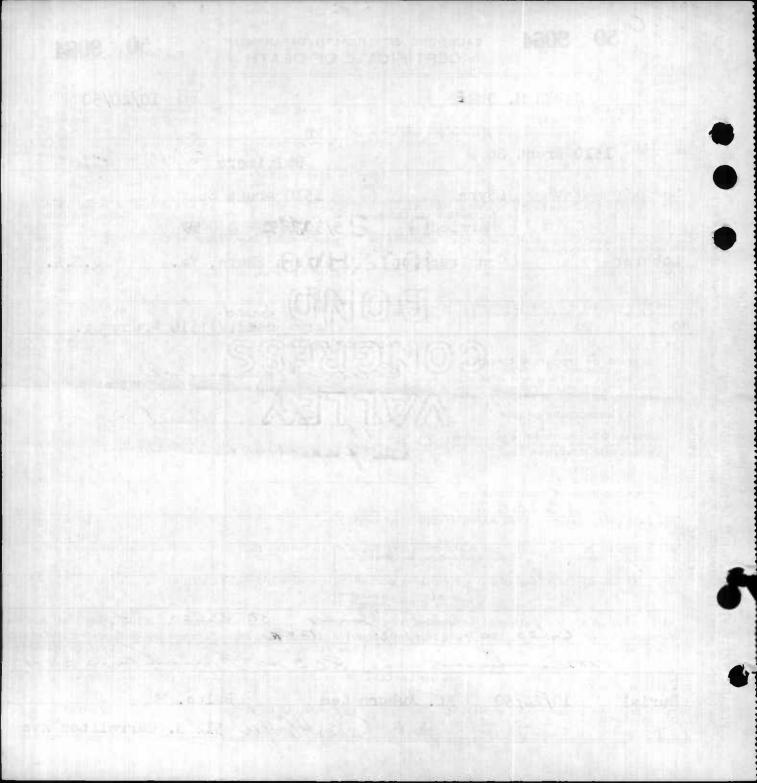
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512 N. Carrollton Ave

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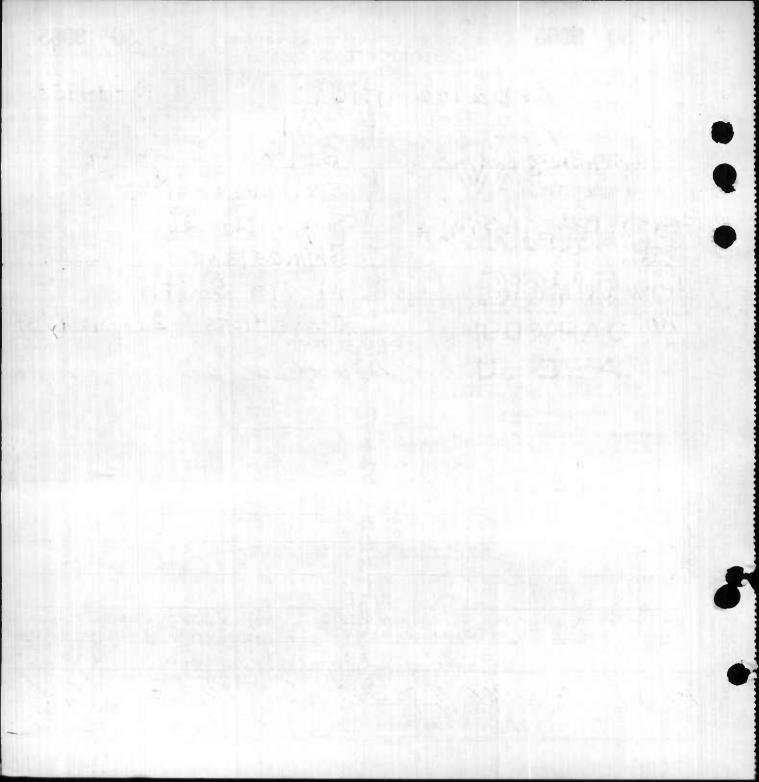
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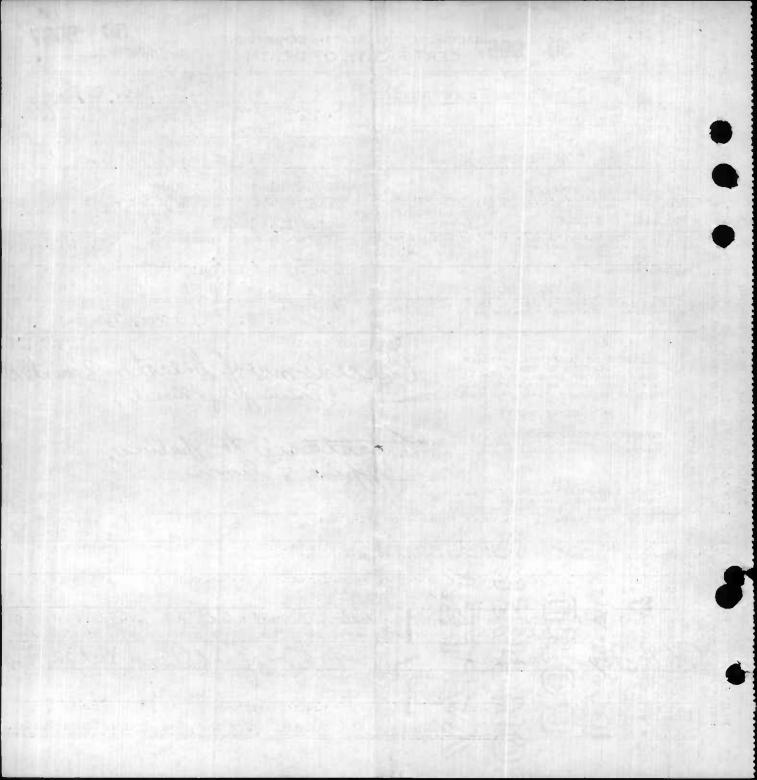
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	Dr. Sa	awyer	BAI	TIMORE CITY H	EALTH DEPARTMENT	r	0000
DAR				CERTIFICAT	E OF DEATH	Registered No)
	NAME OF DE	CEACED					
	pe or Print)		sabell	a Walz		2. DATE OF DEATH Oct.	21,1950
3. F	Baltimore C	ity, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, If in B. COUNTY	
HO	SPITAL OR	OF (If not in hospi	tal or institut	ion, give street address o location		l an d If outside corporate limits,	write RURAL and give
HVS	STITOTION	5505 Ar	abia A		Balti		township
c.]	Length of st	ay in Baltimore		Yrs. Mos. Days	5505 Arabia		
	emale	6.COLOR OR RACE white	WIDOV	E, MARRIED. VED, DIVORCED (Specify OW ed	8. DATE OF BIRTH	last birthday) Mont	nder I Year II Under 24 Hours ths Days Hours Min.
10A work	one during most of	working life, even if retired	10B. KINE	O OF BUSINESS OR INDUSTR	Baltimore, Mo		2. CITIZEN OF WHAT COUNTRY
13.	FATHER'S N		ge Gai	1	14. MOTHER'S MAIDEN Louisa Schen	NAME	
15	WAS DECEASE	D EVER IN U. S. ARME		1 16. SOCIAL	-		
Yes,	no or unknown)	(If yes, give war or dat	cs of service)	SECURITY NO.	Mr. George Wa		bia Ave.
ERTIFICATION	heart failu: injury or DISEASES RISE TO TUNDERLY	not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAUSE OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION I	eans the disease caused death	(B)	ralia a a	Terioscaro	
0		A	19B. MAJOR	FINDINGS OF OPE			20. AUTOPSY?
4	000.	1,50	Curci	nous of Re	etum - Color	corny	YES NO
iii	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg		(If in Baltimore City, gi	ve exact location)
Σ -	21b. TIME (OF INJURY	Month) (Day) (Year		21E. INJURY OCCURI	E	RY OCCUR?	
	deceased al	ive on Oct V		deceased from and that death oeco	irred at 1 = f.m., from	the causes and on the	date stated above
	23A, SIGNAT		reeps	м. р.	238. ADDRESS 4.eer	ford Rel.	23c. DATE SIGNED
24. TIO	a. Burial. C N. REMOVAL (S Burial	REMA-/248. DATE pecify) 10-25	0	24c. NAME OF CEMET Baltimo re	6	LOCATION (City, town, or Baltim re, Md	
DA	TE RECEIVE	AY REGISTRAF	'S SIGNATU		25. FUNERAL DIRECTOR	3	oford Road.
	VS 150	1130	٥			84	, ,

er Unit 1 at a parel **传来**,注:" De la Florida ***********



0-	452
The	REA-142635 BIRTH NO.
	1. NAME OF DEC (Type or Print)
pplied	A. Baltimore Cit
Willa.	B. FULL NAME OF HOSPITAL OR BINSTITUTION
e legiony	c. Length of sta

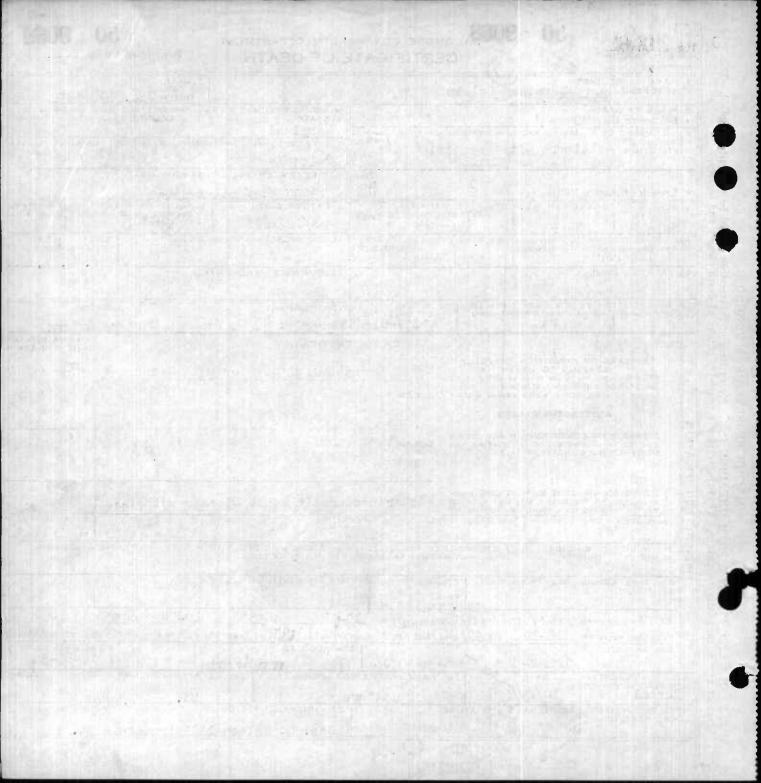
9068 ALTIMORE CITY HEALTH DEPARTMENT 50

50	9068
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-4-11	1.45 000			CERTIFICAT	E OF DEATI	Registered .	NO.	
BIRTH N						•		
1. NAME (Type or	Print) Pel	ige Naths	n Coll:	ins		2. DATE OF DEATH Oct.	19, 1950	
A. Baltin	more City, I				A. STATE	NCE (Where deceased lived, If B. COUNTY		
110001	41 00	imore Cit		ion, give street address o location	c. CITY OR TOWN	(If outside corporate limit	ts, write RURAL and give township)	
3 -	4940	Eastern	Avenue		Baltimore	14-0		
c. Leng	th of stay in	Baltimore	3	Yrs. Mos. Days	D. STREET ADDRE	ss (If rural, give location) North Avenue		
5. SEX		LOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years	M Under 1 Year M Under 24 Hours onths Days Hours Min.	
Male		Negro		arried O OF BUSINESS OR		tate or foreign country)	LAG CITIZEN OF	
ork done du	Laborer	g life, even if retired)		D vard		tate of foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATH	HER'S NAME				14. MOTHER'S MA	IDEN NAME	Ue Se Ae	
15. WAS	DECEASED EVER	R IN U.S. ARMED	FORCES?	I 16. SOCIAL		•		
Yes, oo or o	ookoowo) (If yo	es, give wer or dates	s of service)	SECURITY NO.	17. INFORMANT		DDRESS	
1	1061	110				C. H. 4940 Easte		
18.	181X	1		CAUSE	OF DEATH		INTERVAL BETWEEN	
he	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Carcinoma of Bladder with Metastases 6 Mo							
Z D1	DISEASES OR CONDITIONS, IF ANY, GIVING							
		OVE CAUSE (A) CONDITION LA		HE DUE TO				
Ē		11		_(C)				
LI TF	RIBUTING TO TH	ICANT CONDI	NOT RELAT	ED Arterioso	clerotic Heart	Disease with	11170	
19A.	DATE OF OPE			FINDINGS OF OPE		2.00.11	20. AUTOPSY?	
٢		7					YES X NO	
мон п	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g about home, ferm, fectory, street, office bld,						give exact location)	
		(Day) (Year)	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID	INJURY OCCUR?		
OF II	YAULN		m.	WHILE AT NOT WHILE				
22.]	22. I hereby certify that I attended the deceased from 10-18, 1950, to 10-19, 1950 that I last saw the							
dece	ased alive on	10-19	, 19, 50,	and that death occu	erred at 10:25Pm.,	from the causes and on t	he date stated above.	
23A.	SIGNATURE	1.11	roger	4 -	23B. ADDRESS	Λ	10-21-50	
24A. BL	URIAL, CREMA-			24c. NAME OF GEMET		Avenue 24D. LOCATION (City, town		
Buri	MOYAL (Specify)	m = 1-14	50	Mt Aubur	n	Md•		
	ECEIVED BY REGISTRAR	REGISTRAR'	S SIGNATU		25. FUNERAL DIR	ECTOR	ADDRESS	
	- / 2 ***	The state of	Na/497 /1	production [17]	Geo. G. Ke.	lson 1303 Presstm	an St.	
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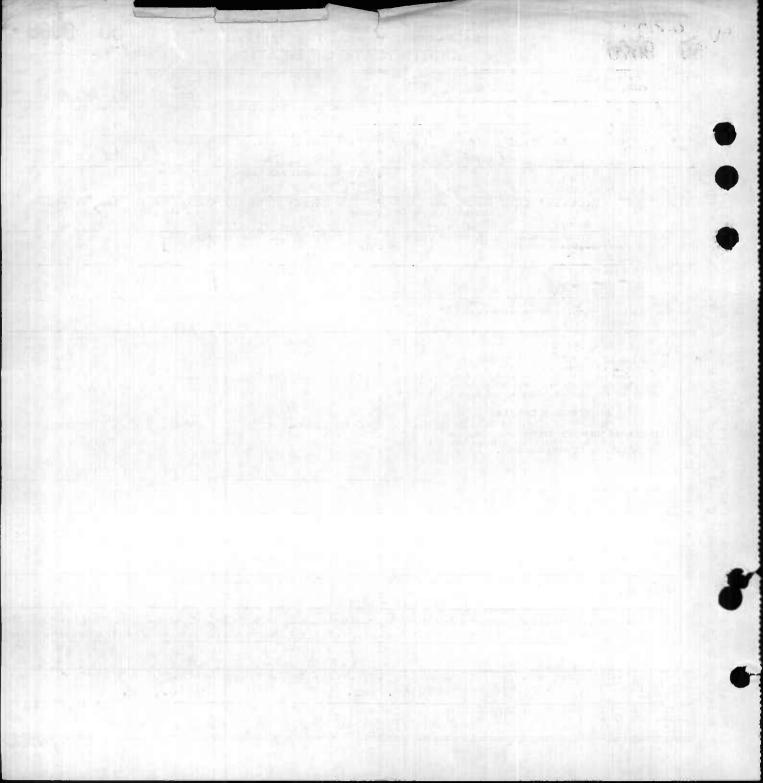


PLEASE WRITE PL. LLY, WITH UNFADING INK. Every item of information all be confident correct age is especially important. Physicians: please write the causes of death clearly and legibly.	-16	
WRITE PLACEY, WITH UNFADING INK. Every item of information all be caully ge is especially important. Physicians: please write the causes of death clearly and legibly.	9	•
WRITE PLACEY, WITH UNFADING INK. Every item of information all be get is especially important. Physicians: please write the causes of death clearly and le	fulls	gibly.
WRITE PLACEY, WITH UNFADING INK. Every item of informing is especially important. Physicians: please write the causes of dea	ation . Ald be	th clearly and I
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WRITE PL LY, WITH ge is especially important.	UNFADING IN	Physicians: plea
WRITE PL	LLY, WITH	important.
LEASE orrect a	LEASE WRITE PL	prect age is especially

BALTIMORE	CITY	HEALTH	DEPARTMENT
CEPTI	EICA	TE OF	DEATH

50 9069 Registered No.

n	BALTIMORE CITY HEALTH DEPARTMENT								
BI	U 3003 CERTIFICATE OF DEATH Registered No								
1.	1. NAME OF DECEASED 2. DATE								
(T	ype or Print)	Ema	L. TITE	icter		DEATH Oct	ober 22, 1950		
A.	PLACE OF DEA Baltimore Cit	тн: y, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived B. COUNTY	If institution; residence before admission)		
B. HO	FULL NAME OF SSPITAL OR STITUTION	5002 Tre	al or institut	ion, give street address or location)	C. CITY OR TOWN	(If outside corporate li	mits, write RURAL and give		
9	- 0	y Sanitarion	Atho!		Bolt imple	2-7-	township)		
U				Yrs. Mos.	D. STREET ADDRESS	,			
-		y in Baltimore	69	Ye +15 Days	\$20 Cedarcroft Rd.				
5.	SEX 6	COLOR OR RACE	WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under I Year Hours Min. September 2. 1881				
10	A. USUAL OCCU	PATION (Givekind of	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF		
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A7		NG CONDITION L							
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22. I hereby certify that I attended the deceased from sptember 20, 1950, to October 22, 1950, the									
deceased alive on October 12, 1950, and that death occurred at 315 At. m., from the causes and on the do 23A. SIGNATURE 23B. ADDRESS 23									
Rober 11. Turde M. D. The Turde Sentarin Colles rolling 29 Md Oct. 22, 1950									
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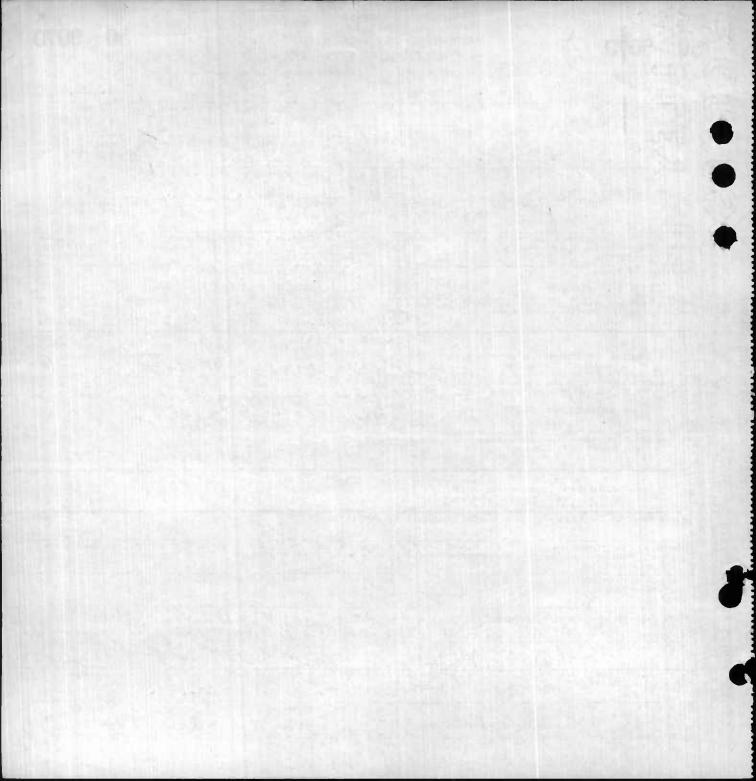
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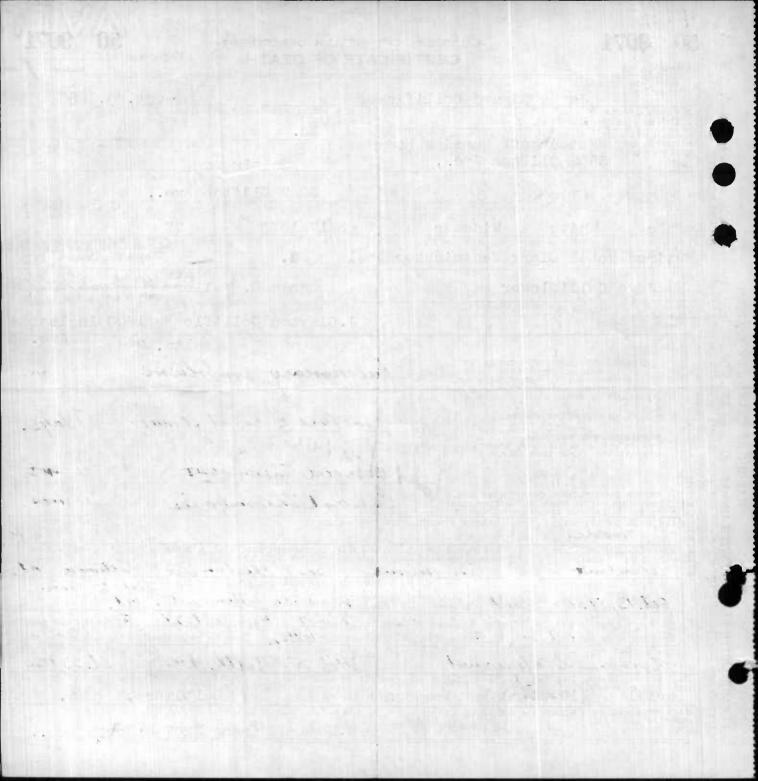
BALTIMORE CITY HEALTH DEPARTMENT

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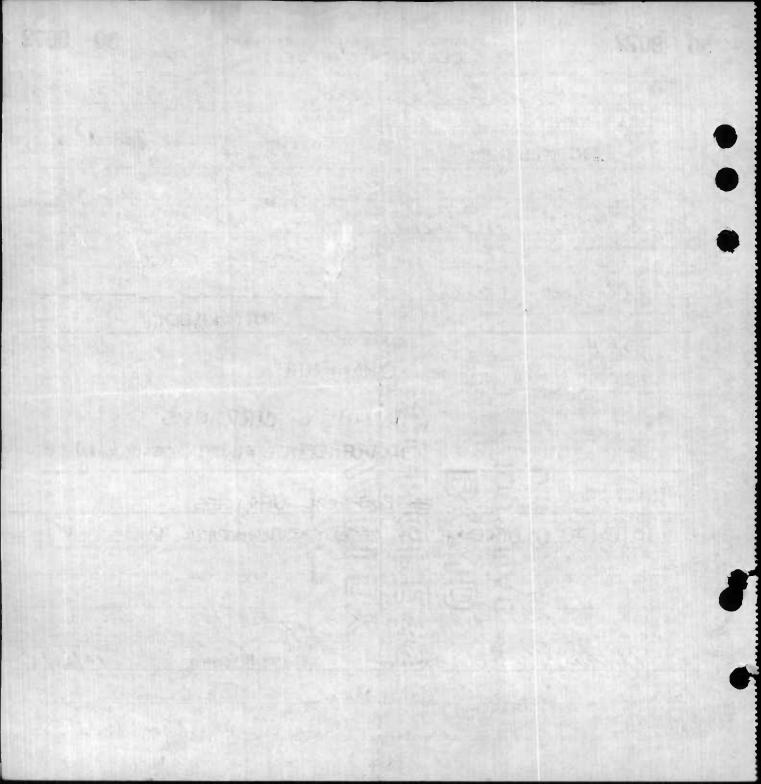
BIRTH NO. CERTIFICATE OF DEATH								
	NAME OF D		HN H. I	DUNCAN		2. DATE. OF DEATH	Oct. 20, 1950	
A.		City, Maryland			4. USUAL RESIDENCE (W		If institution: residence before admission)	
H	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospital)		ion, give street address or location)	c. CITY OR TOWN (If Baltimore	outside corporate, lin	mits, write EURAL and give township)	
C.	Length of s	tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 1829 E. 31st St.			
	SEX	6. COLOR OR RACE	7. SINGLI WIDOW WI	E, MARRIED, VED, DIVORCED (Specify) COWED	8. DATE OF BIRTH Nov. 11, 1866	LO ACE HE BOOK	Months Days Hours Min.	
		CUPATION (Give kind of of working life, even if retired)	_	o of business or industry Bank	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME		
	Henry 1	F. Duncan			Virginia Morga	an		
15 (Ye	. WAS DECEAS a, no or nnknown)	ED EVER IN U.S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO. 212-14-2497	17. INFORMANT ADDRESS Mr. Roy Duncan - 500 Hatherleigh Rd.			
RTIFICATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-							
CE	TO THE DISEASE OR CONDITION CAUSING IT.							
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deceased alive on 10 20, 1930, that I last deceased alive on 10, 1930, that I last deceased alive on 10, 1930, and that death occurred to 1971, to 10, 1930, that I last deceased alive on 10, 1930, and that death occurred to 1971, from the causes and on the date state 23A. SIGNATURE 10, 1930, and that death occurred to 1971, t								
2. TI	24a. BURIAL. CREMA- TION. REMOVAL (Specify) Burial 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Burial 10/24/50 Loudon Park Cem. Balto., Md.							
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BALTIMORE CITY HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate lipnes, write RURAL and give C. CITY OR TOWN INSTITUTION DEES HOPKIES BOSPITAL township) Yrs. D. STREET ADDRESS _ (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. OATE OF BIRTH 9. AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify 104. USUAL OCCUPATION (Give kind of 108, KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? DETECTIVE 13 FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION OIRECTLY LEADING TO DEATH HOLEMIA (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES BILIARY CLRRHOSIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE EXTRAHEPATIC BILLARY OBGIRUGUN UNDERLYING CONDITION LAST. NFADING U RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ESOPHA GEAL UARLICES TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF 19A. OATE OF OPERATION 21B. PLACE OF INJURY (e. g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILF AT 0 - 2 1950 that I last saw the 22. I hereby certify that I attended the deceased from_ deceased alive on 10- 21, 19 and that death occurred at 200 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) Osurial REGISTRAR'S SIGNATURE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS CUT 23195 muitualor VS 150



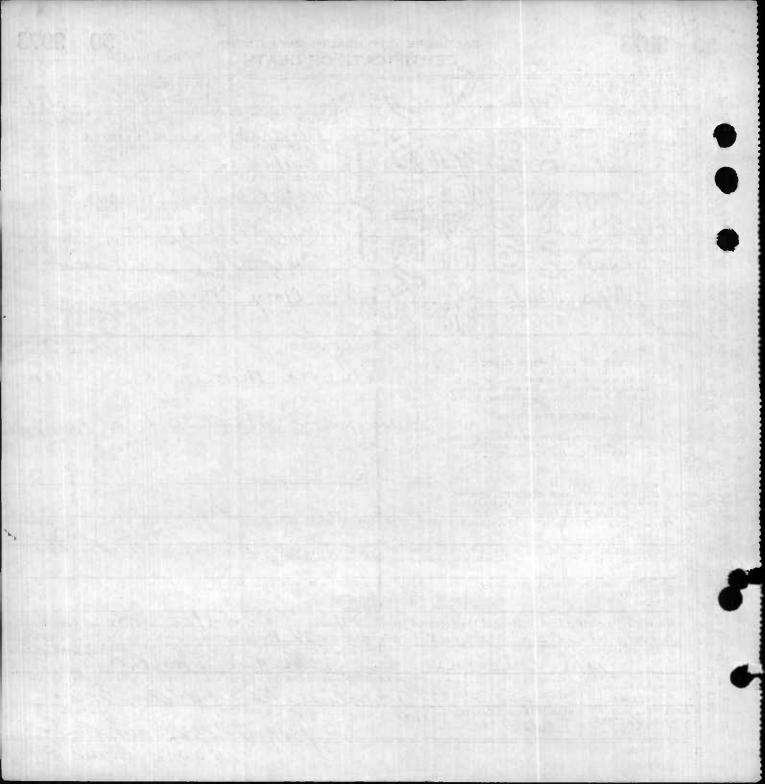
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REGISTRAR'S SIGNATURE

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25. FUNERAL DIRECTOR

DATE RECEIVED BY

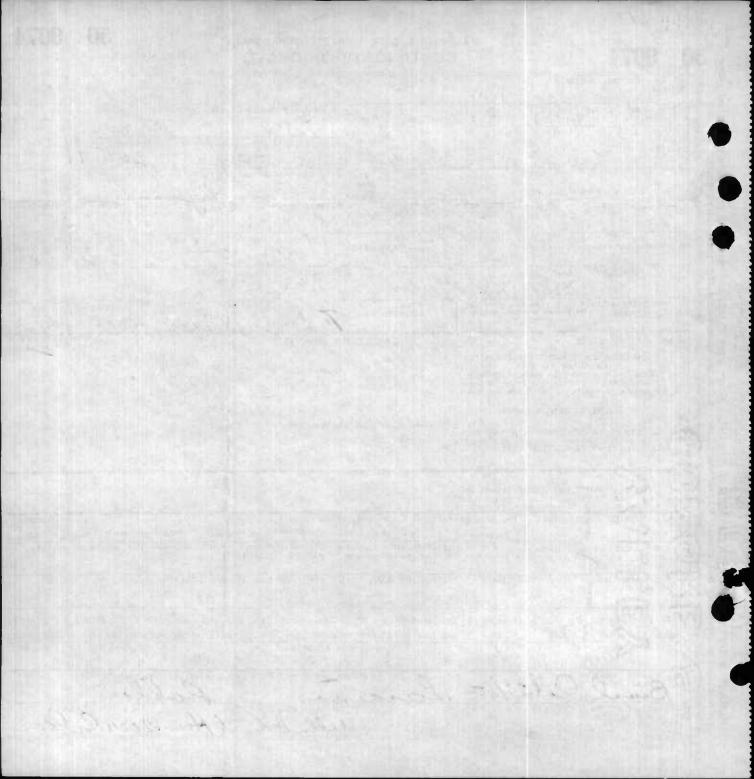


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED (Type or Print) 2. DATE OF 20 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) 1/223/21 Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 5 SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF AGE (In years If Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY CONS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
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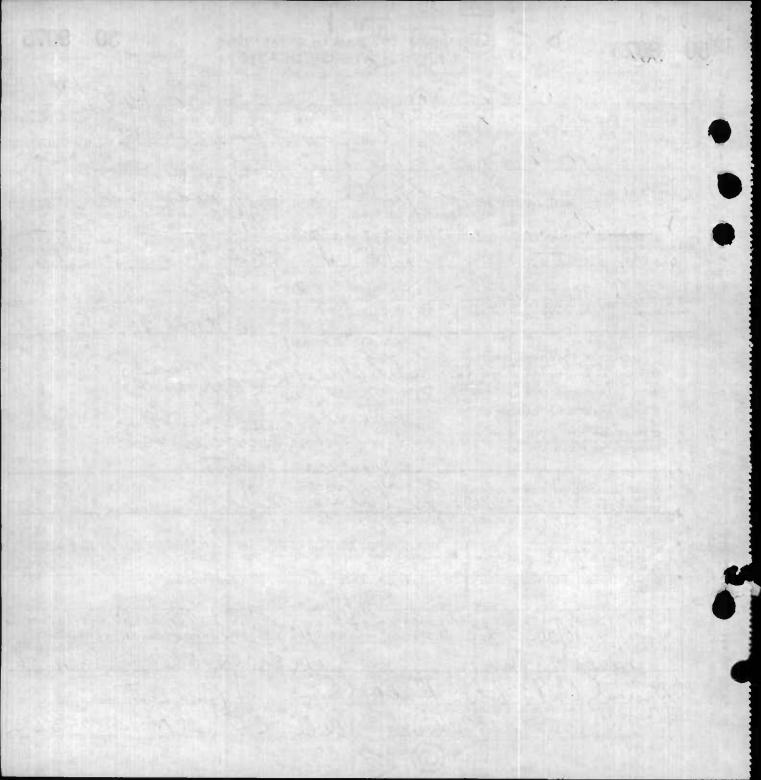
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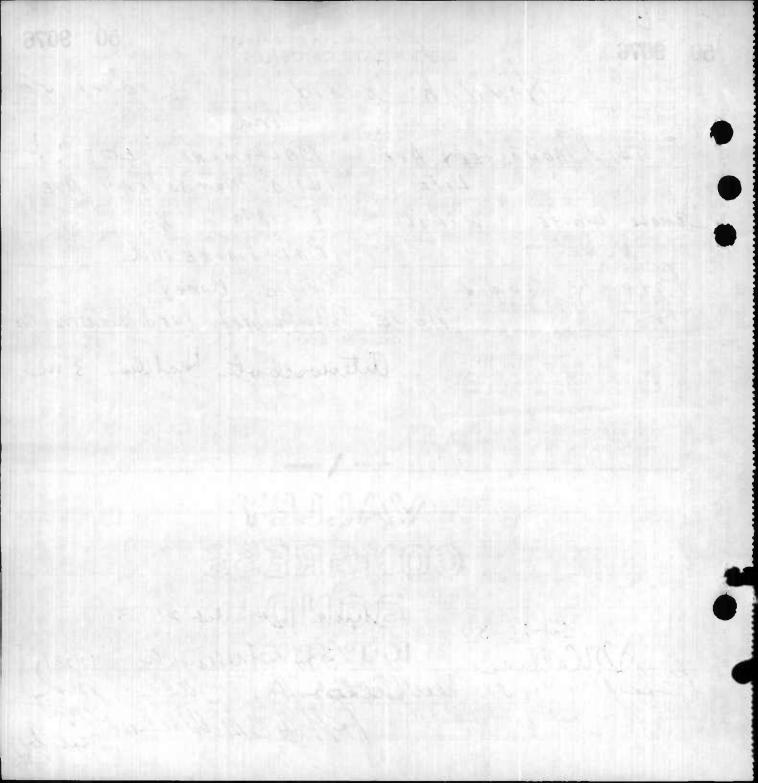
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	1.	NAME OF DECEASED (ype or Print)	15 A.	2. DATE OF DEATH 10/20	150
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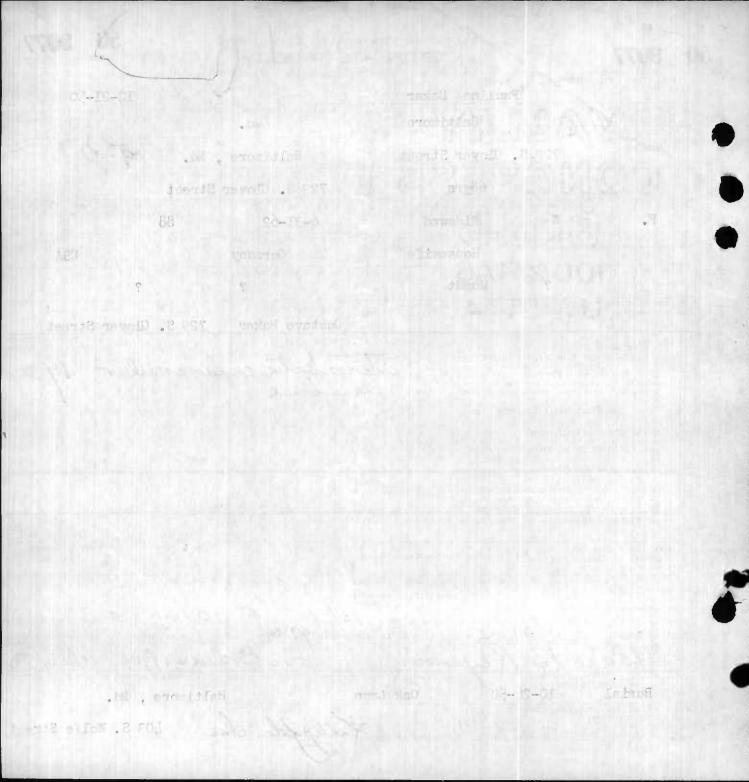




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U _B	9077		EALTH DEPARTMENT E OF DEATH	50 Registered No.	9077
	NAME OF DECEASED Type or Print)	Pauline Baker		2. DATE OF DEATH 10-21	- 50
B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospospital OR	Baltimore sital or institution, give street address or location)	A. STATE Md.	Where deceased lived, If inst B. COUNTY	itution: residence before admission)
12	729 S	. Glover Street	Baltimore,	Md.	township)
	. Length of stay in Baltimore	68yrs Yrs. Mos. Days	729 S. Glover		
5.	F. 6. COLOR OR RAC	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WILLOWED	6-31-62	9. AGE (In years last highhay) Months	r l Year H Under 24 Hours S Days Hours Min.
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13	3. FATHER'S NAME	Mundt	14. MOTHER'S MAIDEN N	NAME	
15 (Ye	5. WAS DECEASED EVER IN U. S. ARM es, no or unknown) (If yes, give war or de	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Gustave Baker	729 S. Glover	
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ERTIFICATION	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, BU	JSES IF ANY, GIVING I) STATING THE DUE TO LAST. (C)	reve		
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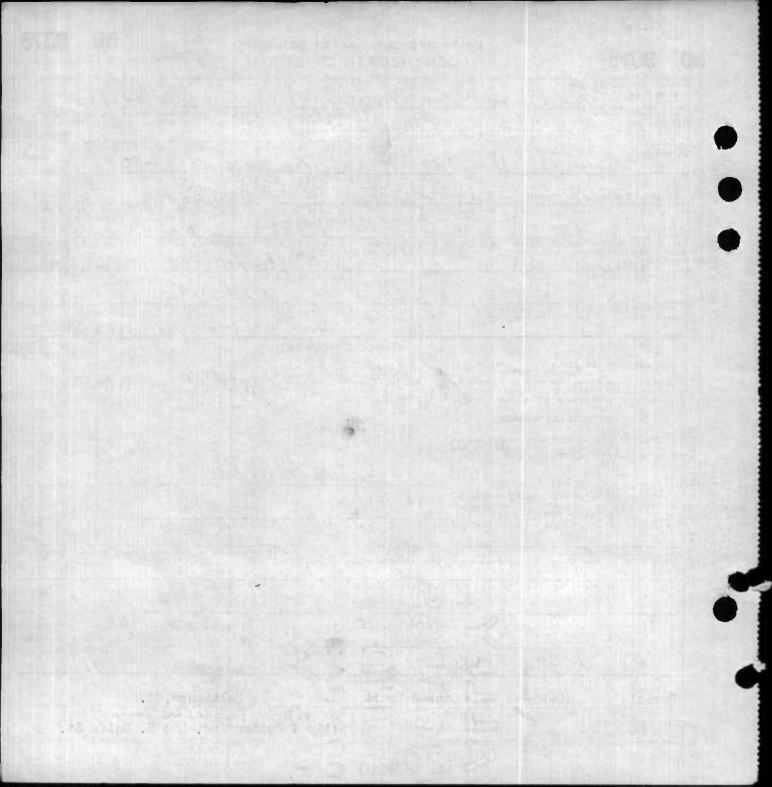


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3. PLACE OF D
B. FULL NAME HOSPITAL OR INSTITUTION
c. Length of s
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

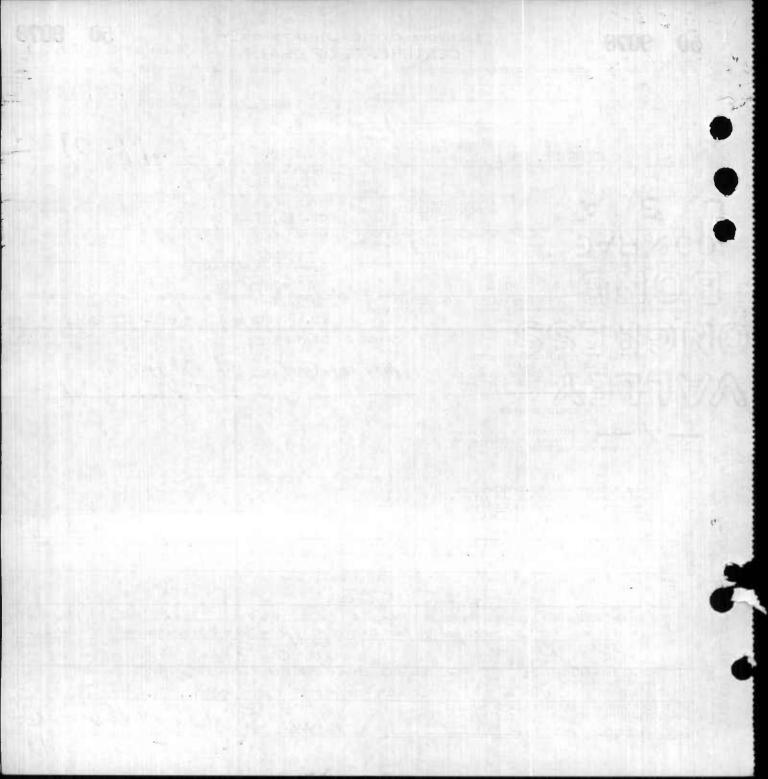
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The library	BI	RTH NO.	LOI DEATH
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plie		PLACE OF DEATH: Baltimore City, Maryland - & byth's Horselal	4. USUAL RESIDENCE (Where deceased lived, If institution; residence a. STATE before admission)
	B. HC	FULL NAME OF (If not in hospital or institution, give street address or opportunity of the street address or opportunity or opportunity of the street address or opportunity of the street address or opportunity or opportunity or opportunity of the street address or opportunity or opportu	C. CITY OR TOWN (If outside corporate finite aw fits) RUMAL and give
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egibly	C.	Length of stay in Baltimore 6 2 years Mos. Days Days	D. STREET ADDRESS (If rural, give location) 4222 Berger ave
ld be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH / 9. AGE (In years) If Under 1 Year If Under 24 Hours
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mati	13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
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		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	moria - hypostable.
. Ever e write		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
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PLEASE correct a		Burial 10-26-50 Sacred Heart	Baltimore, Md,
PL		GCAL REGISTRAR Thurthug To I want of the	Lilly & Zeiler Inc. 403 S. Wolfe St.
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	be fully	nd legably.
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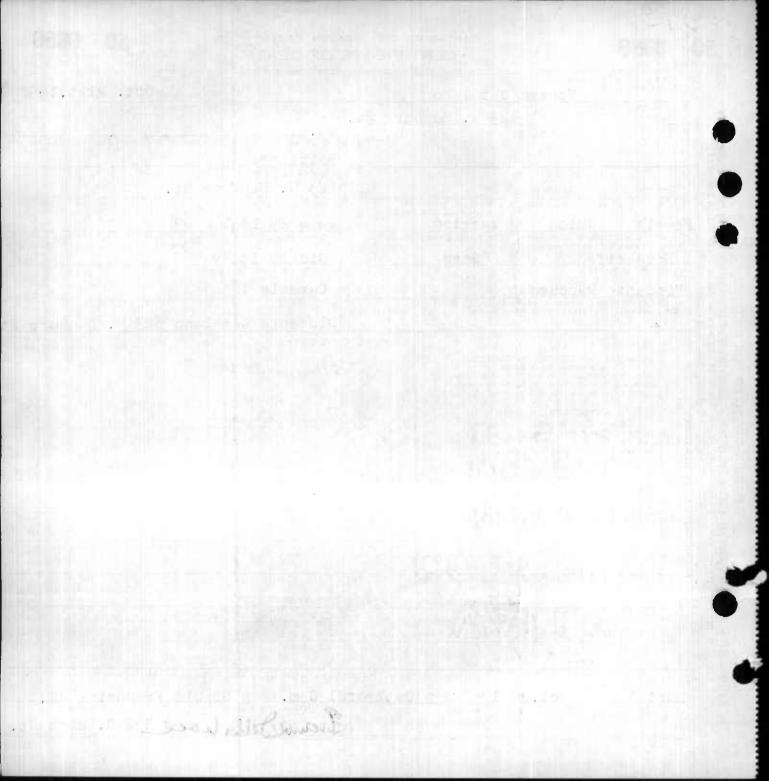
The	50	37 9079 RTH NO.		ВАІ			ALTH DEPARTMENT E OF DEATH Registered No.	50 9079
		NAME OF DECEAS	ED	MAX	von MITZELL		2. DATE OF DEATH Oct.	22, 1950
plied.	3. A.	PLACE OF DEATH: Baltimore City, M					4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	
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		VS 150	1				() 0930	11119.



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9080 Registered No.

BIRTH NO.				
I. NAME OF DECEASED (Type or Print) Venera	Catalano	2. DATE OF DEATH OCt. 21st.1	950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	623 W. Hamburg St	4. USUAL RESIDENCE (Where deceased lived. If institution : resi A. STATE B. COUNTY before ac		
B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	ital or institution, give street address o location	c. CITY OR TOWN (If outside corporate limits) write RURAL	and give	
0.0	Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)		
c. Length of stay in Baltimore	Mos. Days	627 W Hamburg C+		
5. SEX 6. COLOR OR RACE			nder 24 Hours	
Female White	Married	Jume 29 1881 69 3 22	urs Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired	10B. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (State or foreign country) 12. CITIZEN (WHAT CO	OF DUNTRY?	
Housewife 13. FATHER'S NAME	Home	Sicily Italy 14. MOTHER'S MAIDEN NAME		
		Carmela ?		
Vincenzo Mancuso 15. WAS DECEASED EVER IN U. S. ARME (Yes, no or nuknown) (If yes, give war or dat	D FORCES? 16. SOCIAL	17. INFORMANT ADDRESS		
(Yes, no or nnknown) (If yes, give war or dat	SECURITY NO.	Giuseppe Catalano 623 W. Hambur	TC 5+	
18. 443X	CALISE	OF DEATH INTERVAL	BETWEEN	
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OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITIO	NOT RELATED	Dytante		
J 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPE		OPSY?	
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m. WORK NOT WHILE AT WORK AT WORK				
22. I hereby certify that I attended the deceased from Q, 19 H, to Ger. V/, 19 V, that I last saw the deceased alive on Och. V/, 19 W, and that death occurred at 2 Am., from the causes and on the date stated above.				
23A. SIGNATURE		23B. ADDRESS 23C. DATE 5	SIGNED	
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)	
Burial Oct.2	4 1950 New Cathed	ral Cem. 4300 Old Frederick Rd	•	
LOCAL REGISTRAR	is signature	FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	St.	
VS 150	8	D93d		



5-	365 50 9081 BIRTH NO. BALTIMORE CITY HE CERTIFICATE		9081		
l. The	1. NAME OF DECEASED (Type or Print) NORDO NANDO STERNINI	STERNINI 2. DATE OF Octobe	r 21, 1950		
plied.	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	4. USUAL RESIDENCE (Where deceased lived. If inst A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits w	before admission)		
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d be	c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White	8. DATE OF BIRTH 9. AGE (In years found) 19. AGE (In years found)	et 1 Year M Under 24 Hours s Days Hours Min.		
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RVED FOR Every item write the can	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, g., heart failure, asthenia etc. It means the disease	of DEATH ple gunshot wounds of chest and nities with massive hemothorax	INTERVAL BETWEEN		
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NE., WITH	21a. EXTERNAL CAUSE WAS UNDERLYING TO OR CONTRIB. TIME (Month) (Day) (Year) (Hour) Of INJURY Oct. 21, 1950 12:20 Am. 21b. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., et al., injury occurrence of injury occurrence occurr	Acme Food Store, 520 E. Bel 21F. HOW DID INJURY OCCUR?			
RITE I	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural eauses \(\), accident \(\), suicide \(\), homicide \(\), undetermined \(\).				
PLEASE WRITE correct age is esp	23A. SIGNATURE WILLIAM 24A. BURIAL. CREMA: 24B. DATE TION, REMOVAL (Specify) 10 - 24 - 1950 Holy Reduction	D. MEDICAL INVESTIGATOR	10-21-50		
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	Frank belle hoe 312	DDRESS High St		
	VS 151 N904, 4	/66	0 0		

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MARY ADEVALA

MRS JOHN MONACE 6007 5 PLANE

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The	51	GIIXV	HEALTH DEPARTMENT FE OF DEATH Reg	50 9082 gistered No.
		NAME OF DECEASED Hattie Mc Cellan	Butler 2. DATE OF DEATH	10/22/00
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RI		deceased alive on 8 31,1950, and that death occurrence 23A. SIGNATURE 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	urred at 8°5Am., from the causes 23B. ADDRESS 5BGH 1213 LIGHT	and on the date stated above. Se 23c. DATE SIGNED 10/22/50
EA W	3.6	4A. BURIAL, CREMA 24B. DATE 24C. NAME OF CEMET ON, REMOVAL (Specify) 10-27-50 24C. NAME OF CEMET	em emby 240. LOCATION	(State)
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		VS 150	1 00	0456

- Je is also 11-26-11 Meselvery 188 3 R. "Transline

BALTIMORE CITY HEALTH DEPARTMENT Registered No 0 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF October 20, 1950 CLARA FRANCES WOODS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution: residence A. Baltimore City, Maryland B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Baltimore Marvland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C CITY OR TOWN INSTITUTION Baltimore City Hospital Victory Villa Gardens, Middle River D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Davs Randolph Rd 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years II Under I Year It Under 24 Hours last birthday) Months: Days Hours Min. 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) White Female Married April 22.1918 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY House Work At Home Jefferson, North Carolina information s of death cle 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William A. Shepherd Mattie Hoffman BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. Letcher V. Woods 14 Randolph Rd. CAUSE OF DEATH Every item write the cau DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Gunshot injury of the chest heart failure, asthenia, etc. It means the disease, RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: p (C) MARGIN П OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 218. PLACE OF INJURY (c. g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING I OR CONTRIB-UTING [] CAUSE OF DEATH. 14 N. Randolph Rd. Home 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED NOT WHILE Firearms Oct. 20. 1950 11:50 WORK 22 . I certify that I took charge of the remains described above, held an $_$ age is espe the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes \square , accident \square , suicide \square , homicide \square , undetermined \square . 23A. SIGNATURE MEDICAL INVESTIGATOR 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county)

20. AUTOPSY (If in Baltimore City, give exact location) Inspection & Inc. _ thereon and from Autopsy, Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER...... 23C. DATE SIGNED ASSISTANT MEDICAL EXAMINER...... Shucks Corner, Md. Oak Grove Cemetery 25. FUNERAL DIRECTOR ADDRESS

before admission)

12. CITIZEN OF

ADDRESS

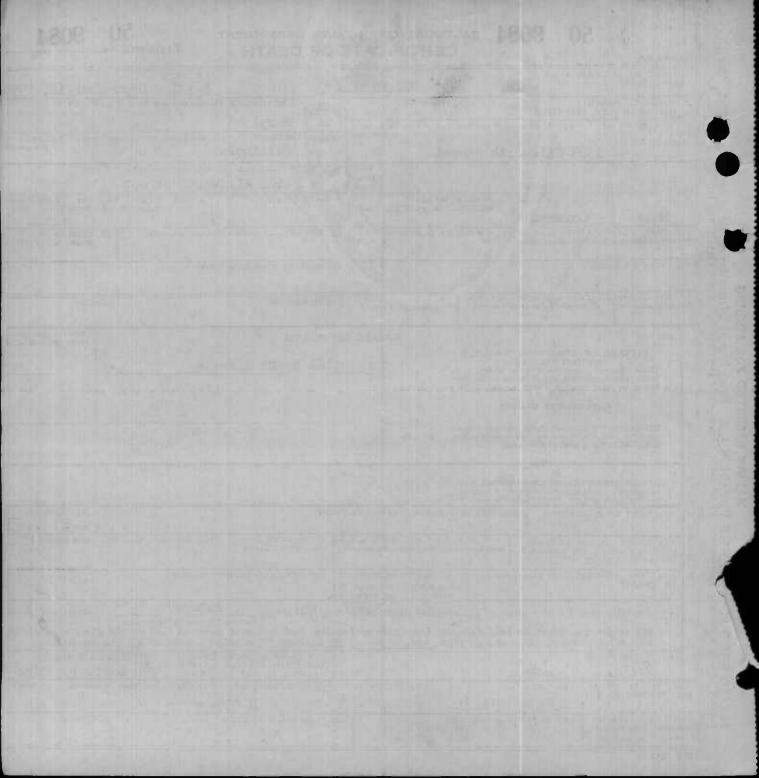
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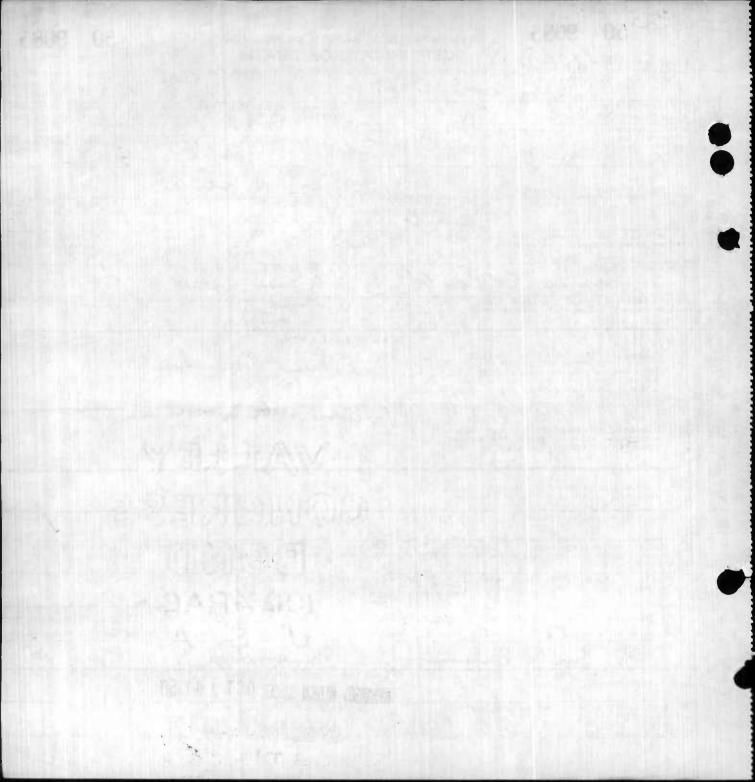
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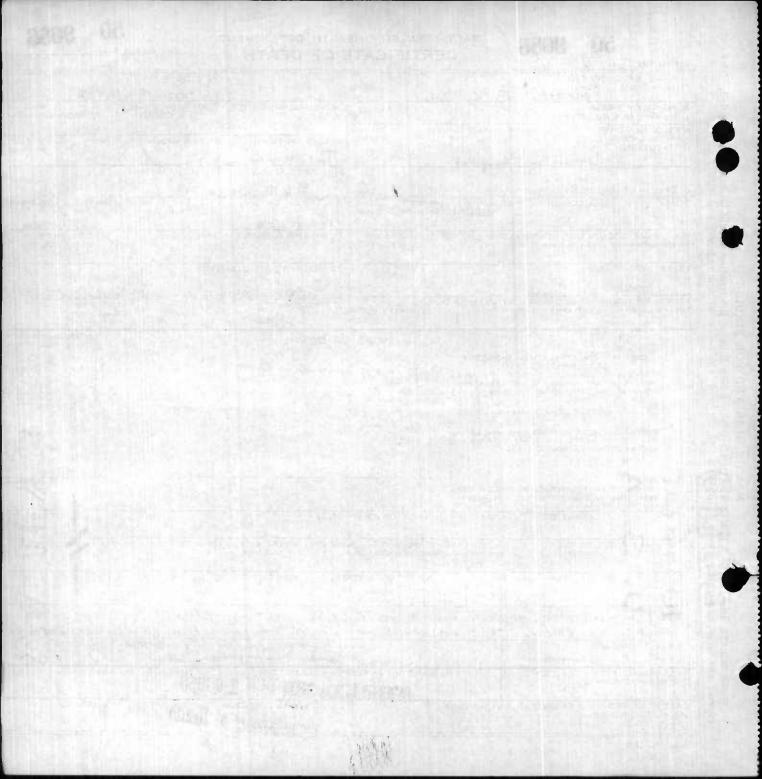
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1-4/0/		CERTI	FICA	TE OF	DEATH

he be	50 9086 BALTIMORE CITY HE CERTIFICATION	
ld be care and legibly.	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) University C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORGED (Specify)	2. DATE OF DEATH /0 - /2 - 50 4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 8. DATE OF BIRTH 9. AGE (In years fl Under 1 Year fl Under 24 Hours Mast birthday) Months; Days Hours : Min.
VED FOR BINDING Every item of information smalld vrite the causes of death clearly at	10a. USUAL OCCUPATION (Give kind of work dooed uriog most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo or ooknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	11. BIRTHPLACE (State or foreign country) 12. CRIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME EDVA ROWLINGS SUM BODIESS 17. INFORMANT ROUTESS
MARGIN RESERVED FOR IUNFADING INK. Every item Physicians: please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
M Y, WITH UNI important. Phy	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in eboot home, farm, factory, atreet, office bldg., of the condition of th	YES NO YES NO YES NO YES NO NO NO PROPERTY NO
PLEASE WRITE PLAIL correct age is especially im	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from / deceased alive on / 0/12, 19.50, and that death occur	red at //: 50 m., from the causes and on the date stated above 3B. ADDRESS University Bodys. 23C. DATE SIGNED

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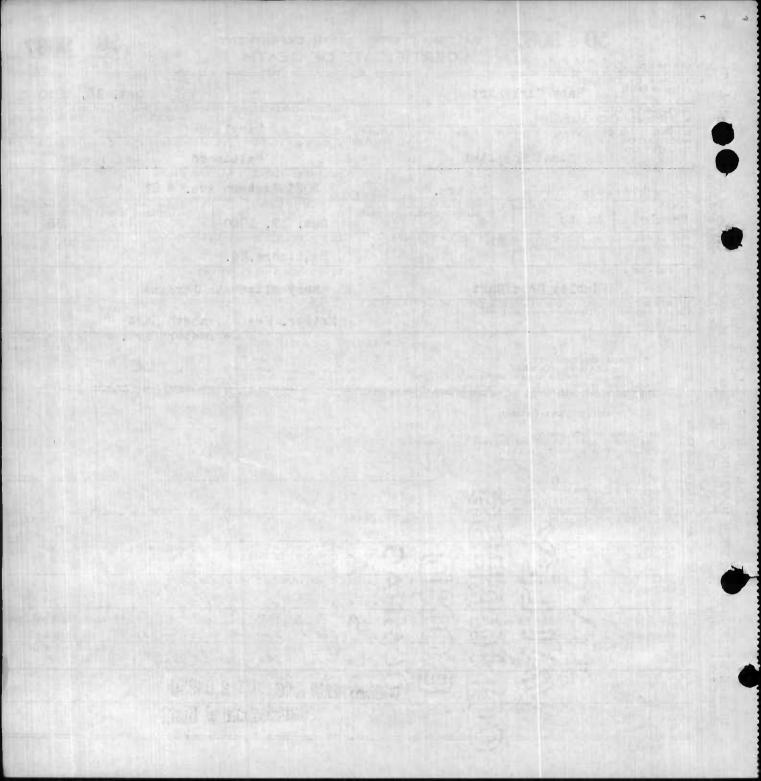
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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BI	RTH NO.	ad 210								
1. (T	NAME OF DE	Baby Girl	Hart	h o switcher	2. DATE OF DEATH Oct. 18, 1950					
Α.		ity, Maryland	111511		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)					
	FULL NAME O	OF (If not in hospit	al or institut	ion, give street address or location)						
	STITUTION	Olmai Ma		100411011)	C. CITT OR TOWN (II dutside corporate mints, write KURAL and give					
- 1	1-2	Sinai Ho	spital		Paltimore - C					
	150			Yrs. Mos.	D. STREET ADDRESS (If					
C.	Length of st	ay in Baltimore	35	hrs. Mos. Days	2034 Eastern	Ave. # 31				
5.	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED,	8. DATE OF BIRTH 9. AGE (In years I Under 1 Year If Under 24 Hou					
F	emale	White	S	VED, DIVORCED (Specify)	Oct. 17, 1950	last birthday)	Sonths Days Hours Min.			
10	A LISTIAL OCC	CUPATION (Give kind of		O OF BUSINESS OR	11. BIRTHPLACE (State or fo	Taign country)				
rork	done doring most of	working life, even if retired)	TOB. KINL	INDUSTRY		oreign country)	12. CITIZEN OF WHAT COUNTRY?			
					Baltimore, Md.					
13	. FATHER'S N.	AME			14. MOTHER'S MAIDEN NAME					
		Harley Gene	Hart		Mary Elizabet	h Jarmana				
15	. WAS DECEASED	D EVER IN U. S. ARMED		1 16 500141						
(Ye	, no or unknown)	(If yes, give war or date	of FORCES? 16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS					
					Mother. Mrs Eli	zabeth Hart	10			
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CAUSE OF DEATH DUE TO STRENGLY AND LAST. (A) DUE TO SUDDENLYING CONDITION LAST. DUE TO UNDERLYING CONDITION LAST.									
FIC				(C)						
E	OTHER S	II IGNIFICANT CONDI	TIONS CO.							
ш	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD .						
O		SEASE OR CONDITION				***************************************				
ابد	19A. DATE OF	F OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION	20. AUTOPSY?				
8							YES X NO L			
EDICAL	HOMICIDE	NT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		lf in Baltimore City,	give exact location)			
2	210. TIME (I	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRE	D 21F. HOW DID INJURY	OCCUR?				
	OF INJURY			WHILE AT NOT WHILE AT WORK						
	22. I hereby certify that I attended the deceased from 10-17 1950 to 10-18 1950 that I last same									
	22. I hereby certify that I attended the deceased from /0-/7 1950, to /0-/F, 1950, that I last saw deceased alive on /0-/8, 1950, and that death occurred at 450 m., from the causes and on the date stated about 23A. SIGNATURE 23B, ADDRESS // 23C, DATE SIGNE									
	234 SIGNATURE, 1930, and that death occurred at T pm., from the causes and on the date stated door									
		judith o	Found	M. D. 2	Anai Kospita	e saltur	4 10-19			
710	A. BURIAL, V	ŔEMA- 24B. DATE pecify)		24c. NAME OF CEMETER JOHN HOPKINS	MEDICAL SCHOOL OCT 2	0 1950	n, or county) (State)			
	TE RECEIVED		SIGNATI	Misselly M.	25. FUN	of Health	ADDRESS			
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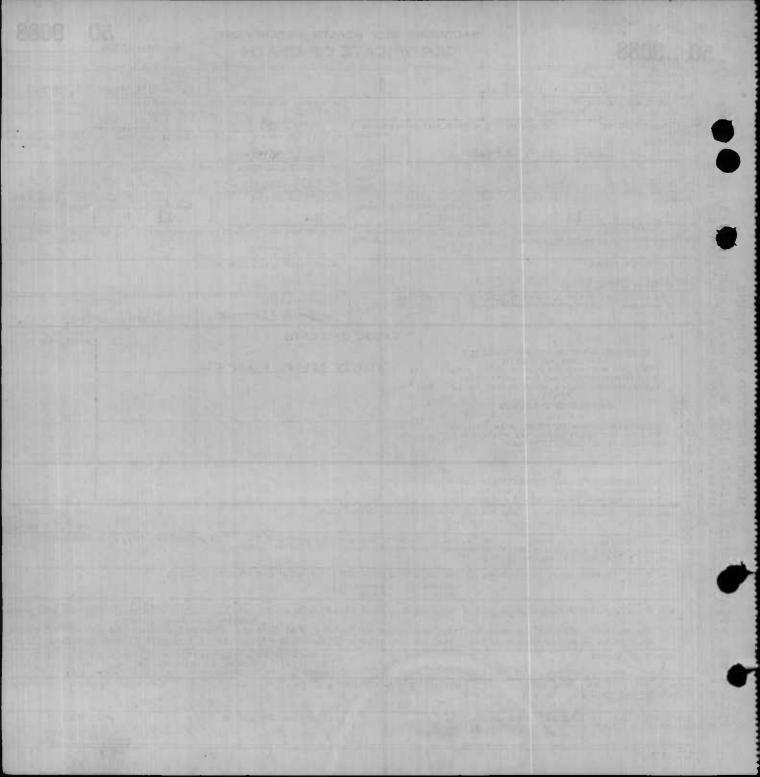
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No NAME OF DECEASED 2. DATE (Type or Print) SYER J. SONSTENG DEATH October 18, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence also COUNTY A. Baltimore City, Maryland before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Minnesota HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2003 Gough Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. Route #2. Box 9 c. Length of stav in Baltimore 2003 Gough Street 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years) AGE (In years | fi Under | Year | ft Under 24 Hours | last birthday) | Months: Days | Hours: Min. Oct. male single IOA. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work donaduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maritime Minnesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lena Jacob Sonsteng 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknowu) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknowu) SECURITY NO. Kveen & Listug-uneral Home, Roseau. INTERVAL BETWEEN 2011 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary artery sclerosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) U RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. u 198, MAJOR FINDINGS OF OPERATION U 20. AUTOPSY 19A. DATE OF OPERATION CA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS UNDERLYING | OR CONTRIBabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? EDI UTING [CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Z, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23B, CHIEF MEDICAL EXAMINER..... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION, REMOVAL (Specify) REMOVAL 24B. DATE 24c. NAME of CEMETERY OR CREMATORY | 24b. LOCATION (City, town, or county) 10/24/50 Roseau. Minn. ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

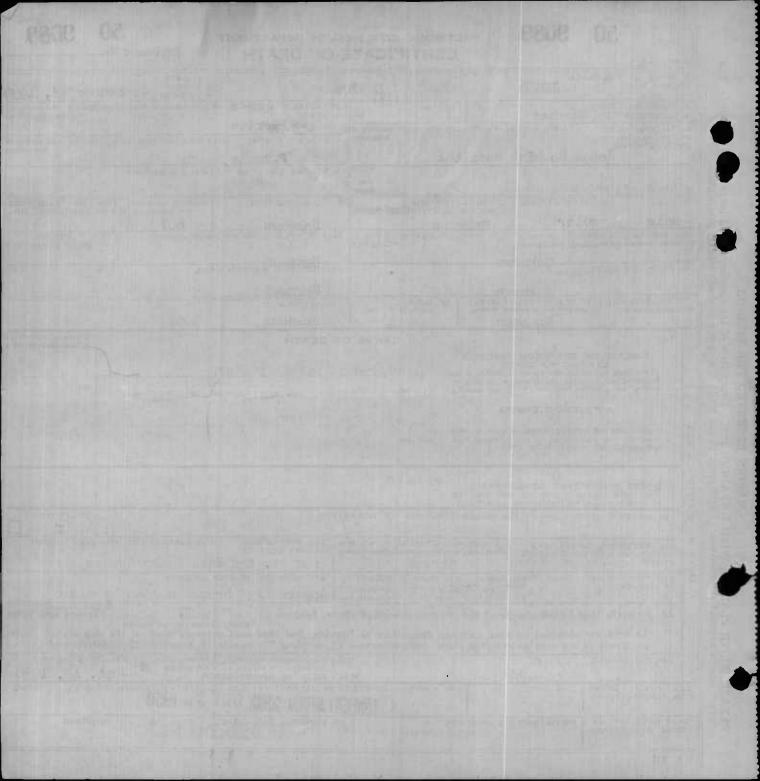
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The	BIRTH NO.					CERTI	FICAT	ATE OF DEATH Registered No.				
	(Type or Print) JAMES					LAWT	WTON 2. DATE OF September :				er 18, 1950	
plied.	3. PLACE OF DEATH: A. Baltimore City, Marylan			faryland				A. STATE			ved. If insti	tution: residence before admission)
	B. FULL NAME OF ('f not in hospital or institution, give street address or HOSPITAL OR location)											
<u>.</u>	Johns Hopkins Hospital							Panpano Beach township				
car legibly	-	Length of s	Daltimore			D. STREET AL	DRESS (If	rural, give locat	ion)			
be can		SEX	OR OR RACE		E, MARRIED VED, DIVOR	8. DATE OF B	IRTH	9. AGE (In ye	ars H Under	I Year Il Under 24 Hours Days Hours: Min.		
and I		male		Lored	IInki	nown		- IInknow		603 3	y) Months	Days Hours; Min.
early	work	IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR										CITIZEN OF WHAT COUNTRY
NDING information s of death cle	13	FATHER'S	Unkne	wn.		14. MOTHER'S	Unknown 14. MOTHER'S MAIDEN NAME					
G mat		WAR BEGEAR		Unkno	wn			Unknow	m			
item of informer causes of d	(Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown						17. INFORMAN			ADDR	ESS
MAKGIN KESEKVED FOUNFADING INK. Every i Physicians: please write the	CERTIFICATION	DISEASE RISE TO T UNDERL' OTHER S TRIBUTING	eomplic ANTEC S OR CO THE ABO YING CO SIGNIFIC TO THE	enia, etc. It meseration which (EDENT CAUS DIDITIONS, I VE CAUSE (A) ONDITION LA II CANT CONDI E DEATH, BUT	eaused death	h.) DUE TO	Epidur	al hemorrh	age			
NA NA		19A. DATE C		OR CONDITION		FINDINGS	OF OPER	RATION				20. AUTOPSY?
WITH rtant.	CAL	21A. EXTERI	VAL CA	USE WAS R CONTRIB-		ACE OF INJ			RE DID (I	f in Baltimore	City, give o	YES X NO L
, WITH important.	EDI	UTING []	CAUSE	OF DEATH.		farm, factory, str street		Fawn St	. and E	ast Falls	Avenu	e
	Σ	OF INJURY	(Month)	(Day) (Year) ber 18,	(Hor) a 1	21E. INJUR	NOT WHILE AT WORK		TO SE M	coccurruck on he	ad bur	hlunt
PLAI ecially								above, held an		topsy	in	strument ereon and from
TE		the eve	idence	obtained by	said Auto	opsy, Inspe	ection or 1		Autopsy, hat said de	Inspection or In eccased died □, homicide	quiry on the do	ny stated above.
0.0		23A. SIGNA	des	Voods	4			.D. MEDICAL	MEDICAL INVESTIGAT		Sept.	
PLEASE correct a	24a. BURIAL, CREMA- TION, REMOVAL (Specify)							RY OR CREMATORY 246. LOCATION (City, town, or county) (State)				
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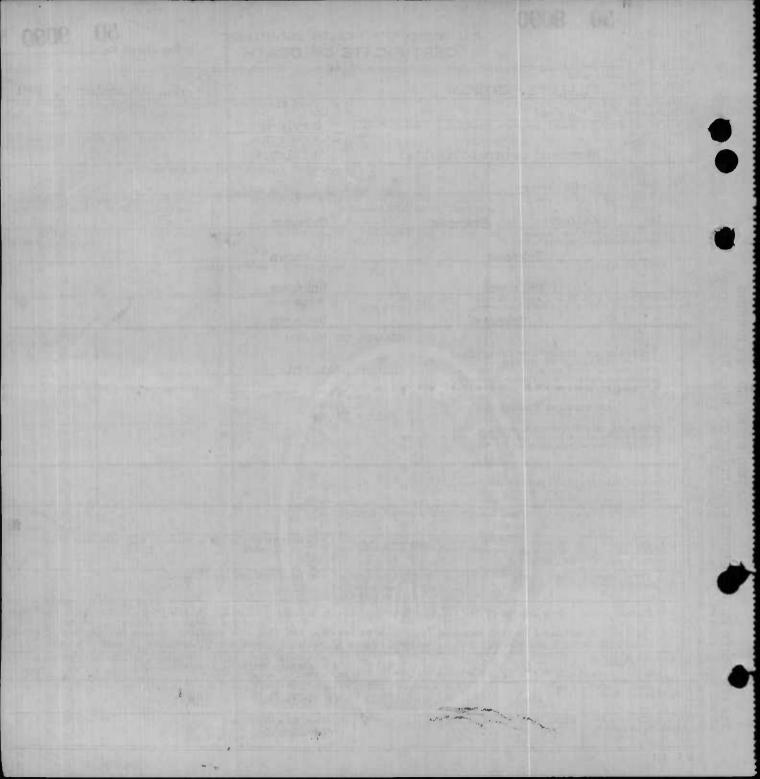


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	, , ,	50 9091	ВА		EALTH DEPARTMENTE OF DEATH	T 50 Registered No.	9091
В	IRTH NO.			CERTIFICAT	E OF DEATH		
	NAME OF DE	RUSSELL B.	MORGA	N		2. DATE OF Septemi	ber 27, 1950
	. PLACE OF DE . Baltimore C	EATH: ity, Maryland			4. USUAL RESIDENCE	(Where deceased lived, If ins B. COUNTY	titution : residence before admission
Н	FULL NAME (OSPITAL OR NSTITUTION	OF (If not in hospit	tal or institu	ation, give street address o location	C. CITY OR TOWN	(If outside corporate limits, w	vrite RURAL and giv township
	2	Johns Hopki	ns Hos		K		township
C.	. Length of st	ay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	-05
5.	white	6.COLOR OR RACE		E. MARRIED. WED, DIVORCED (Specify	8. DATE OF BIRTH W	9. AGE (In years last birthday) Month	or 1 Year If Under 24 Hours Min
		CUPATION (Give kind of working life, even if retired)		D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country) 12	CITIZEN OF WHAT COUNTRY
13	3. FATHER'S N	AME N			14. MOTHER'S MAIDEN	NAME	
15 (Ye	5. WAS DECEASE	D EVER IN 4-S. ARME (If yes, giv War or date		16. SOCIAL SECURITY NO.	17. INFORMANT	ADD	RESS
RTIFICATION	(This does heart failure injury or DISEASES RISE TO THUNDERLY	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mer complication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L.	of dying, e ans the disercaused dea	(B)			INTERVAL BETWEE ONSET AND OEAT
CER	TO THE DI	TO THE DEATH, BUT SEASE OR CONDITION	CAUSING		RATION		20. AUTOPSY?
_	ISA. DATE OF	- OF ENATION	155, MAGO				YES NO X
EDICAL	UNDERLYING	AL CAUSE WAS OF CONTRIB-	about home	ACE OF INJURY (e. s., , farm, factory, street, office blds.		(If in Baltimore City, give	exact location)
M	21D. TIME () OF INJURY	Month) (Day) (Year) (Hour)	21E, INJURY OCCURE WHILE AT WORK AT WORK		RY OCCUR?	
	the evic	denec obtained by	said Au	tonsy. Inspection or	above, held an Inquix Autops Inquiry, find that said s 1, accident 1, suicid	deceased died on the	day stated above
	23A. SIGNAT		W.		23B. CHIEF MEDICAL ASSISTANT MEDICA 1.D. MEDICAL INVESTIGA	L EXAMINER 23c. I	DATE SIGNED
2. TI	4A. BURIAL. C ON, REMOVAL (SI	REMA: 24B. DATE	4		TY MEDICAL STATE OCT		
	ATE RECEIVED			URE MANAGEMENT	76 FUNERAL DIRECTOR	Al	DDRESS
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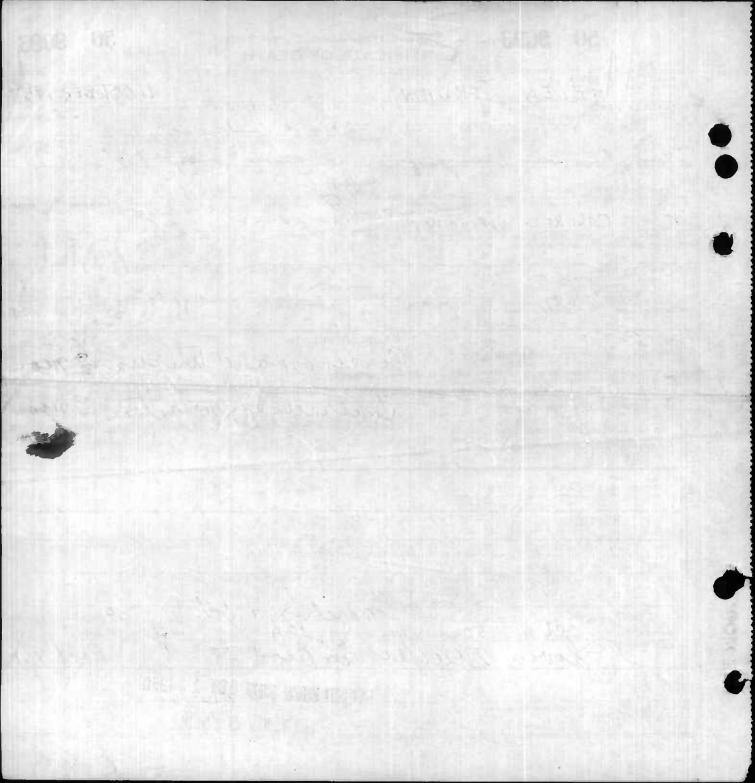
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В	50 90;		EALTH DEPARTMENT E OF DEATH	Registered No.	9 9093
	NAME OF DECEASED Type or Print) HELEN	JORDAN	ď	2. DATE OF DEATH 11 OCTO	BER 1957
	. PLACE OF DEATH: . Baltimore City, Maryland		4. USUAL RESIDENCE (WE A. STATE		
H	OSPITAL OR	oital or institution, give street address or location)		utside corporate limits, w	rite PHPAT and a
11	Good Samuritan	Generica Home	Bettimore In	d. 18	townshi
6.	() Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If re	iral, give location)	
	7 COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12-25-04	9. AGE (in years H Under Month	or Year Under 24 Ho s Days Hours Mi
l C worl	DA. USUAL OCCUPATION (Give kind k done during most of working life, even if retire	of 10s KIND OF BUSINESS OR	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF WHAT COUNTR
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAI	ME	
15 (Yes	5. WAS DECEASED EVER IN U.S. ARM 100, no or nuknown) (If yee, give wer or de	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDI	RESS
ICATION	injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABDVE CAUSE (A UNDERLYING CONDITION	JSES IF ANY, GIVING (B) (B) (B) (B)	eralized m	celastar	3no.
CERTIFIC	OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED			
AL	19a. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
1EDIC	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., is about home, ferm, factory, etreet, office bldg.,		in Baltimore City, give	exact location)
2	21D.TIME (Month) (Day) (Yea OF INJURY	r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
	22. I hercby certify that I a deceased alive on	ttended the deceased from MA., 1950 and that keath occur	red at 10 Am, from the	e causes and on the	hat I last saw t
	23A. SIGNATURE		3B. ADDRESS	2	3c. DATE SIGNE
	J. Zhive	~ Muller o	in read at	1/	10CX 1950
		· ////////	RY OR CREMATORY 240. LO. POITY MEDICAL SCHOOL OC.T	1 3 1950	

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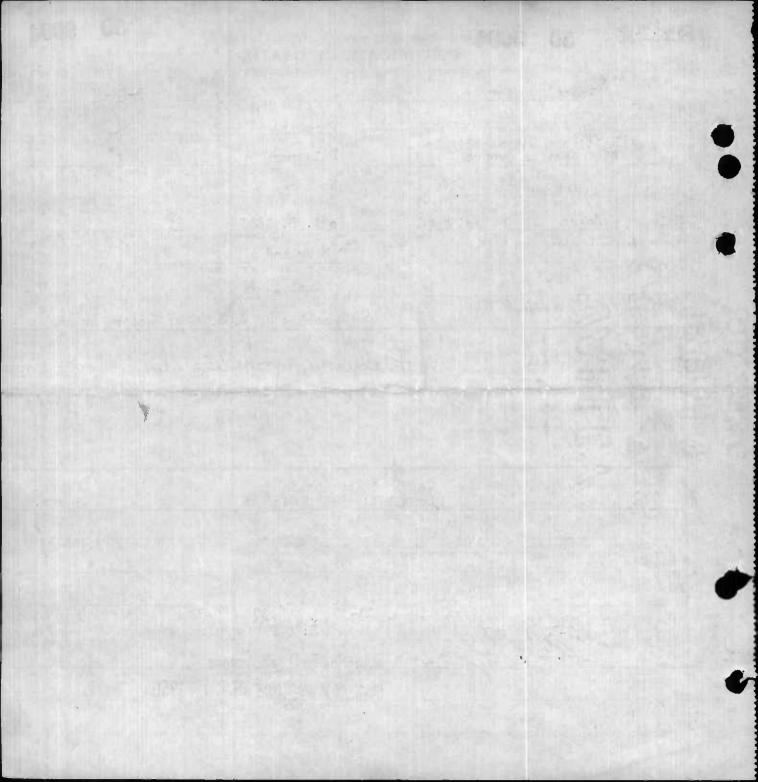
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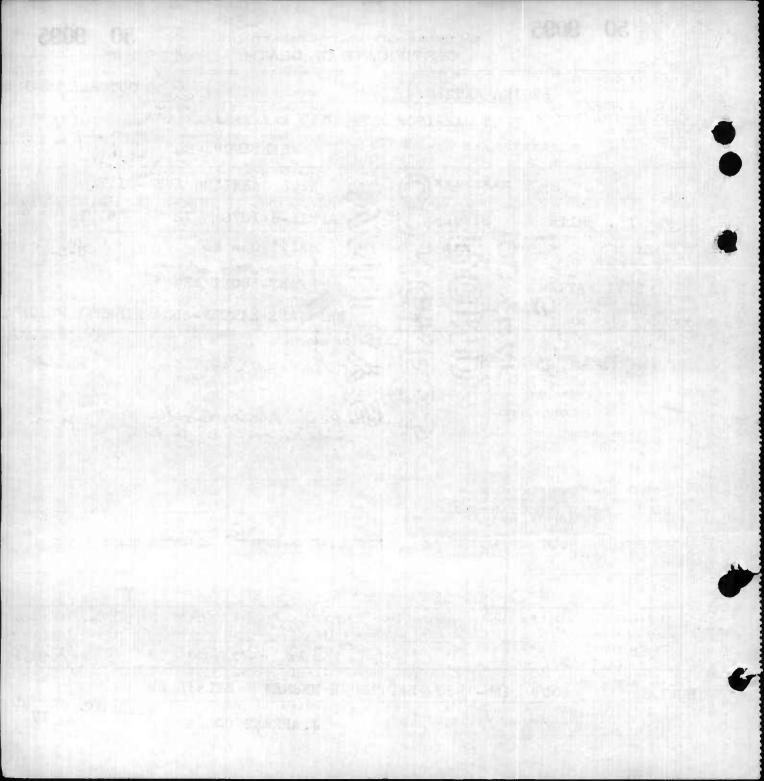


BALTIMORE CITY HEALTH DEPARTMENT

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	NAME OF DE	CEASED				2. DATE		
	pe or Print)		INA KAT	TTEN.		OF DEATH	OCTOBER	22-19
B. F	FULL NAME (EATH: ity, Maryland OF (If not in hospi	3208 G	ARRISON AVE.	4. USUAL RESIDENCE () A. STATE XXXXXXXX	Where deceased li	TY bef	orendmission
INS	STITUTION	XXXXXX	XXXXXX		C. CITY ORBALTIMO	RE-MD	6	township
-		ay in Baltimore	xxxxx	XXX Yrs. Mos. Days	D. STREET ADDRESS (III			
	FEMALE		SIN	MARRIED. FD DIVORCED (Specify		1	ars Mogths Dig	Hours Min
ork o	A. USUAL OCC	CUPATION (Give kind of working life, even if retired	108. KIND	OF BUSINESS OR INDUSTRY	BALTIMORE I	oreign country)	12. CITIZ	S-A
		KATTEN			14. MOTHER'S MAIDEN N MARY-(DON'			
15. Yer,	, no or untnown)	D EVER IN U. S. ARME (If yes, give war or det	D FORCES?	16. SOCIAL SECURITY NO.	MRS JANE KATT	EN-3504	LIBERTY	HEIGHT
CERTIFICATION	heart failuinjury or DISEASES RISE TO TI UNDERLY OTHER S TRIBUTING TO THE DI	not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAUSON CONDITIONS, HE ABOVE CAUSE (A ING CONDITION LING TO THE DEATH, BUT SEASE OR CONDITION	ans the discas caused death SES IF ANY, GIVIN) STATING THAST. DITIONS CON NOT RELATE N CAUSING I	(C)	tr coronog The Leusin Atnos Codice vos cu	er donn		nno
AL A	19A. DATE O	F OPERATION O	19B, MAJOR	FINDINGS OF OPER	RATION		20. / YES	AUTOPSY?
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bidg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						City, give exact	location)	
		certify that I at ive on 10/17		deccased from and that death occu	1948 4, 9, to	,	195, that I	
-	23A. STGNAT	URE	,		23B. ADDRESS Subru	m		TE SIGNED
	- no	em 21(m		M. D.				

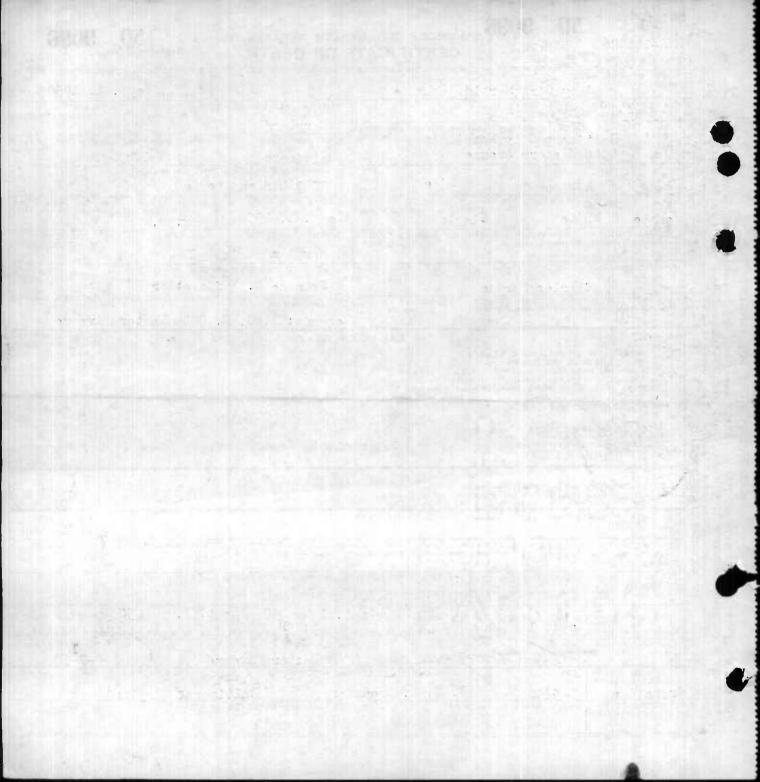
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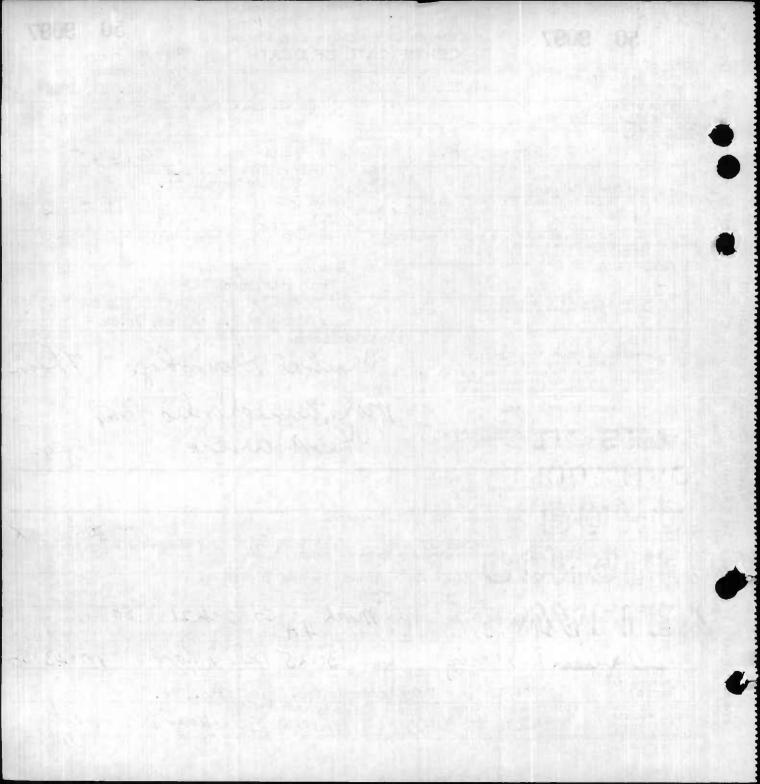
Registered No 2. DATE Sept. 1, 1950 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution ; residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give township) 3-02 (If rural, give location) 9. AGE (In years) If Under I Year If Under 24 Hours last birthday) | Months: Days | Hours | Min. 17.-B .--12. CITIZEN OF WHAT COUNTRY? ADDRESS Records: B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH der 1 day day 20. AUTOPSY (If in Baltimore City, give exact location) . 1950, that I last saw the _m., from the causes and on the date stated above. 23c. DATE SIGNED

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		CERTIFICAT	E OF DEATH Rep	gistered No.
1. NAME OF (Type or Prin	DECEASED t)	DOROTHEA MUELLER	2. DATE OF DEAT	Oct. 21, 1950
	e City, Maryland			sed lived. If institution: residence OUNTY before admission
B. FULL NAM HOSPITAL O INSTITUTION	R	tal or institution, give street address or location) mandy Ave.		porate limits, write RURAL and gi
c. Length o	f stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give 2815 Jefferson St	
5. SEX female	6. COLOR OR RACE		8. DATE OF BIRTH 9. AGE (last bi	In years Under 1 Year Under 24 Hours Minder 24 Hours M
nrk dang during m	OCCUPATION (Give kind no cost of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign count	try) 12. CITIZEN OF WHAT COUNTR
13. FATHER	SNAME		14. MOTHER'S MAIDEN NAME Henrietta Busch	
15. WAS DECE Yes, no nr unkno	ASED EVER IN U. S. ARME (If yea, give war nr date	D FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Mr Nicholas F. Muelle	ADDRESS Ave.
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		· O O	11000	
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O DISEA: RISE TO UNDER	SES OR CONDITIONS, I	F ANY, GIVING STATING THE DUE TO ST. (C)	Rest drese	o-Voraly Gen
O DISEA RISE TO UNDER UN	SES OR CONDITIONS, IN THE ABOVE CAUSE (A) RLYING CONDITION LAS IN THE SIGNIFICANT CONDITION THE DEATH, BUT DISEASE OR CONDITION	F ANY, GIVING STATING THE DUE TO ST. (C)	Restance Coroli	20. AUTOPSY?
O DISEATE UNDER UN	SES OR CONDITIONS, IN THE ABOVE CAUSE (A) RLYING CONDITION LAS IN THE SIGNIFICANT CONDITION THE DEATH, BUT DISEASE OR CONDITION	F ANY, GIVING STATING THE DUE TO (C)	n or 21c. WHERE DID (If in Baltin	
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O DISEAR RISE TO UNDER U	ESS OR CONDITIONS, IN THE ABOVE CAUSE (A) THE ABOVE CAUSE (A) RLYING CONDITION LA SIGNIFICANT CONDITION DISEASE OR CONDITION TO PROPERTY CONTRIBUTING (Month) (Day) (Year LY Coby certify that I attraction 10 - 2 1 1 1 1 1 1 1 1 1	F ANY, GIVING STATING THE DUE TO STATING THE DUE TO STATING THE DUE TO COLUMN TO TRELATED GENERATED GENERATED 21B. PLACE OF INJURY (e.g., in obout hame, form, factory, street, office bidg., of	etc.) 21c. WHERE DID (If in Baltin INJURY OCCUR? ED 21f. HOW DID INJURY OCCUR?	YES NO Nonore City, give exact location)



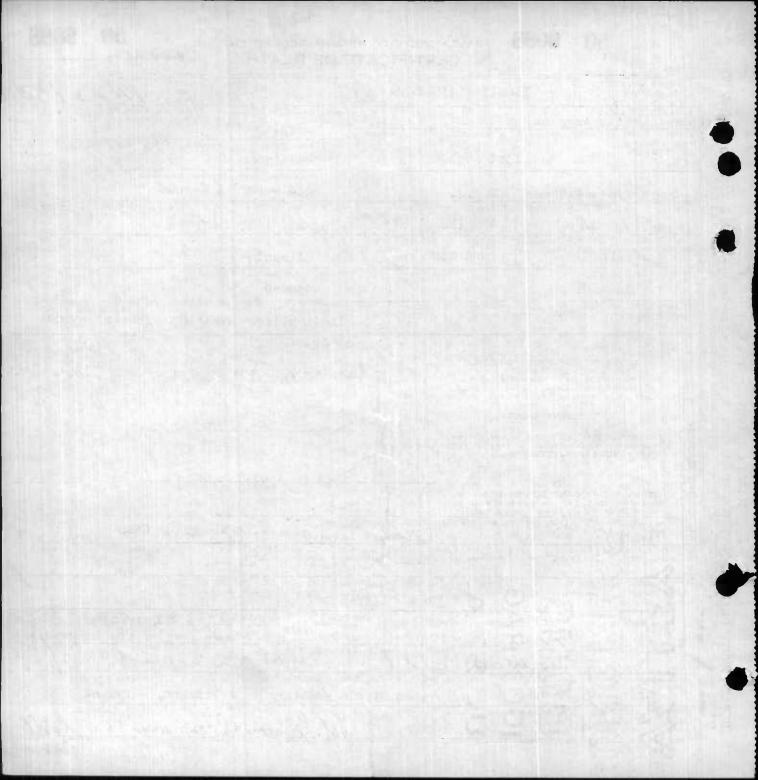
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	BIRTH NO		

BALTIMORE CITY HEALTH DEPARTMENT

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BIRTI	H NO.			CERTIFICAT	E OF DEATH		registered iv	0	
	ME OF D	eceased BE	ESSIE	MILLER			TE 10	123	150
A. Ba		City, Maryland	al or institu	tion, give street address o	A. STATE Maryland	NCE (Where dec	eased lived, If		residence fore admission)
HOSF	TITAL OR	5334 Beauf		loeation	c. CITY OR TOWN	(If outside	27-	s, write RI	URAL and give township
c. Le	ngth of s	tay in Baltimore	33 yr	Yrs. Mos. Days		ss (If rural, gi	,		
5. SE.		6.COLOR OR RACE	7. SINGL	E. MARRIED. VED DIVORCED (Specify IED)	8. DATE OF BIRTH	last	E (In years Mobile birthday) Mo	Under I Year nths Days	If Under 24 Hours S Ifours Min.
work don	USUAL OC leduring most o housew	CUPATION (Give kind of f working life, even if retired)		of Business or home INDUSTR	11. BIRTHPLACE (St	tate or foreign eo		12. CITIZ WHA	ZEN OF AT COUNTRY
13. FA	THER'S N	known			14. MOTHER'S MAI unknown	DEN NAME			State
15. W. (Yes, no	AS DECEASE or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Louis Miller	- 3800 M1	t. Pleas	odress ent Av	renue
18	11-	X I SE OR CONDITION			OF DEATH				RVAL BETWEEN
RTIFICATION	heart failu injury or DISEASE: RISE TD T	LEADING TO DEA' is not mean the mode cire, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I HE ABDVE CAUSE (A) YING CONDITION LA	of dying, e. ns the disea caused deat SES F ANY, GIVI STATING T	Se, h.) DUE TO (B)	3rain 7	N WNO	<u> </u>	18	? months
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	IA. ACCIDE OMICIDE	(Specify)		ACE OF INJURY (e. g., ferm, factory, street, office bldg	, in or 21c. WHERE DI .,etc.) INJURY OCCUR		Itimore City, g	ive exact	location)
21	TD. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OCCUR	E	INJURY OCCU	R?		
2:	2. I hereb	y certify that I att			19 49 urred at 40, m., 23B. ADDRESS	to Oct.			last saw the
23	BA. SIGNA	TURE Herr	nan	Deide h. D.	23B. ADDRESS	Enta			ATE SIGNED
24A. TION,	BURIAL (S REMOVAL (S Euria)	REMA- 248. DATE		24c. NAME OF CEMET Workmen Circ	To the second second second	Baltimo	re, Mary) (State)
	RECEIVE 2 4 19		From 1		Sol Llimson	H Bus.	-/124-2	6 W.	North
	VS 150		6				54 a	(are



BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) RAYMOND CONYERS DEATH October 22, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION University Hospital Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 321 W. Hoffmann Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Speelfy) 8. DATE OF BIRTH ld be and l 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days | Hours | Min. male colored information of of death clearly 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF NOLE INDUSTRY work dooe during most of working life, even if retired) love 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 321 W.14 (If yes, give war or dates of service) (Yes, no or unkoowo) SECURITY NO. CAUSE OF DEATH FOR DISEASE OR CONDITION DIRECTLY Every ite LEADING TO DEATH Intestinal obstruction (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, RESERVED internal strangulated hernia of small injury or complication which caused death.) intestines ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO UNFADING Physicians: p (C) MARGIN 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (a.g., io or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIBō UTING [CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .

RITE is esp

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE

23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR.....

24c, NAME OF CEMETERY OR CREMATORY | 24D, LOCATION (City, town, or county)

June DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Tinto afor Milaille Me

25. FUNDRAL DIRECTOR

before admission)

WHAT COUNTRY?

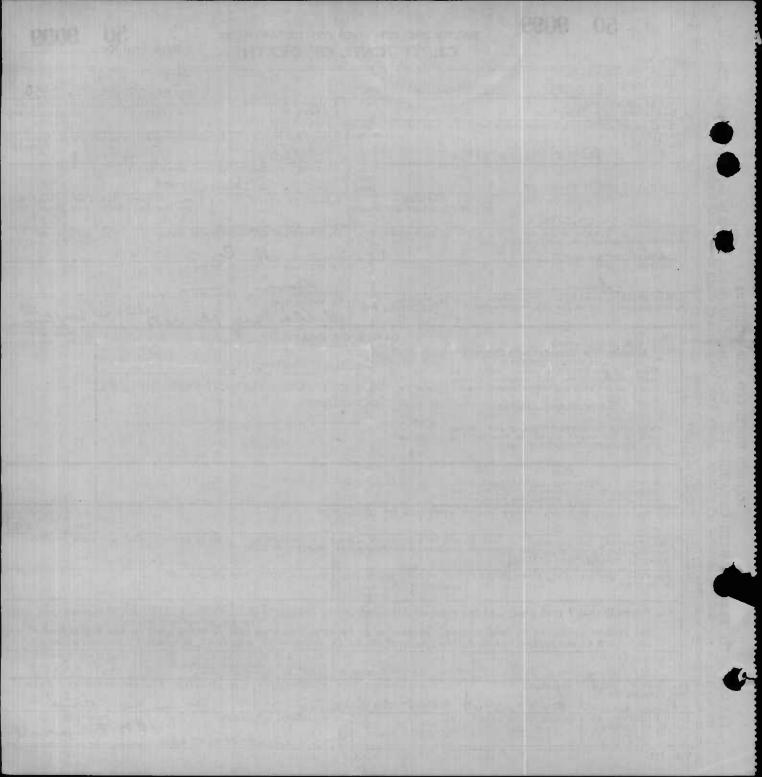
INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY7

NO

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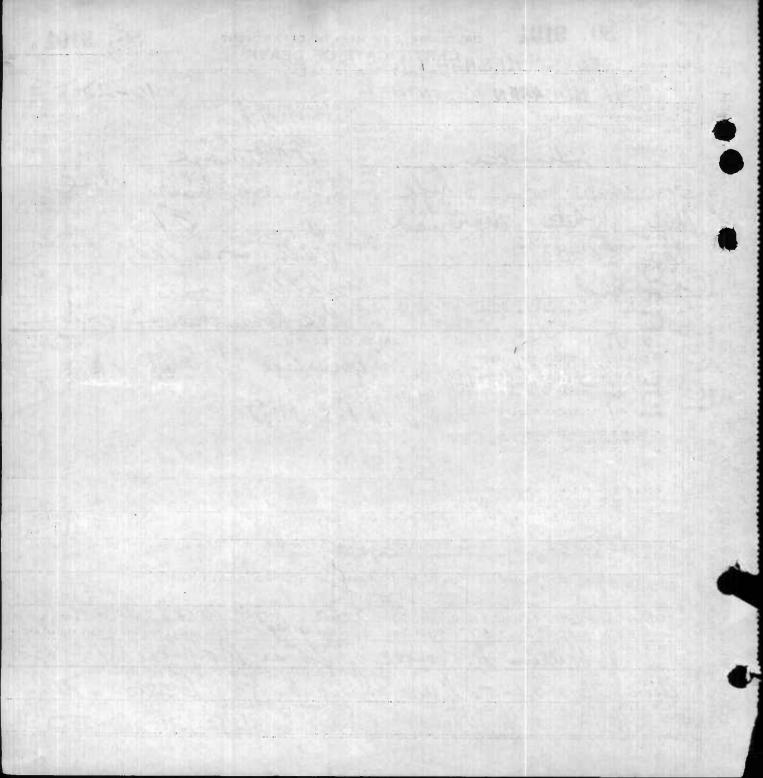
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BALTIMORE CITY HEALTH DEPARTMENT

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egistered	No	

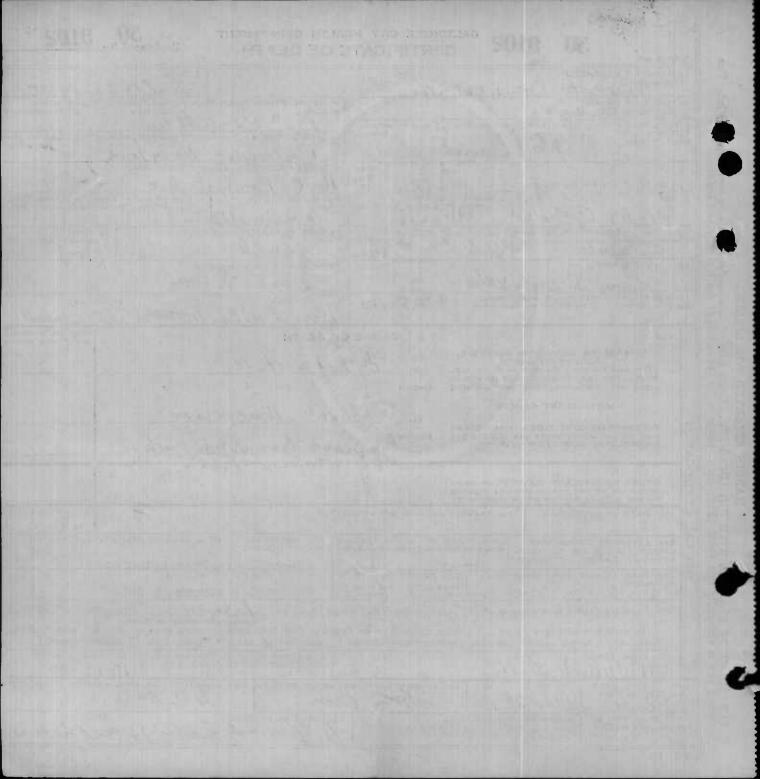
BIRTH NO.	Registered No.
	2, DATE
1. NAME OF DECEASED (Type or Print) Sarah Ann Matthews	of Oct.22,1950
a. Baltimore City, Maryland 41 E. Montgomery St STATE	E (Where deceased lived, If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or Marylan	nd .
HOSPITAL OR INSTITUTION C. CITY OR TOWN	(If outside corporate Amits, whit RORAL and give township)
A0 Baltimo	
Yrs. D. STREET ADDRESS	(If rural, give location)
c. Length of stay in Baltimore 70 years Days 41 E. Montgo	omery St
5. SEX 6. COLOR OR RACE 7, SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH	9. AGE (In year last birthday) Months Days Hours Min.
Female White Widowed July 18 1864	1 86
10A. USUAL OCCUPATION (Givekind of rock done during most of working life, even if retired) housewife home 11B. BIRTHPLACE (State of INDUSTRY) Somerset Co	WHAT COUNTRY
13. FATHER'S NAME 14. MOTHER'S MAIDEN	
John W. Walker Eliza Nick	./-
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17 INFORMANT	ADDRESS
(Yes, no or onknown) (Af yes, give war or dates of service) SECIPITY NO	tthews, 41 E. Montgomery
<u> </u>	
18. 422.1 CAUSE OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	
(This does not mean the mode of dying, e.g., (A)	Munona Vaa
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	
inguity of completion which country	
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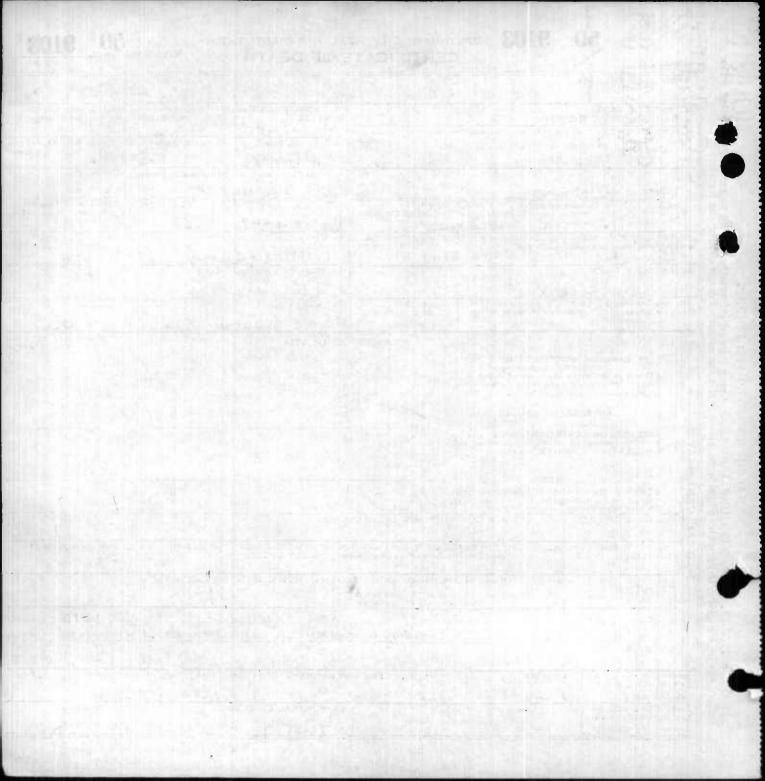


RESERVED

MARGIN



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE SADIE (Type or Print) DELL OF HAWKINS CT DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) MARYLAND B. FULL NAME OF (If not in hospital or institution, give street address or good Samarilan location) CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. MOODYEAR c. Length of stay in Baltimore Days 9. AGE (In years | 1 Under 1 Year | 1 Under 24 Hours | 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) nld Temal widaned NOV-10-1897 clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? informations s of death cle Womestic noue 13. FATHER'S NAME MA DEN NAME 15. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) (If yes, give wer or dates of service) SECURITY NO. causes Biddle nune Jo OF DEATH INTERVAL BETWEEN item CAUSE FOR ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. VOILA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p DUE TO UNDERLYING CONDITION LAST. (C) . RT 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH important. DICAL YES 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) ebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WRITE PLA WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 9 Q , 1950, to 20 Oct, 1950, that I last saw the deceased alive on 20 Qcf, 1950, and that death occurred at 65 P m., from the causes and on the date stated above. 22. I hereby certify that Lattended the deceased from 9 23 A GIGNATURE enning age mi 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 240 NAME OF CEMETERY OR CREMATORY PLEASE 10-14-1950 RUKIA DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25 LOCAL REGISTRAR Thurting/or CTO 11051 VS 150



VS 151 50 9104

before admission)

12. CITIZEN OF

ADDRESS

1615 N. Calvert

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

thereon and from

NO X

Street

YES

23c. DATE SIGNED

ADDRESS

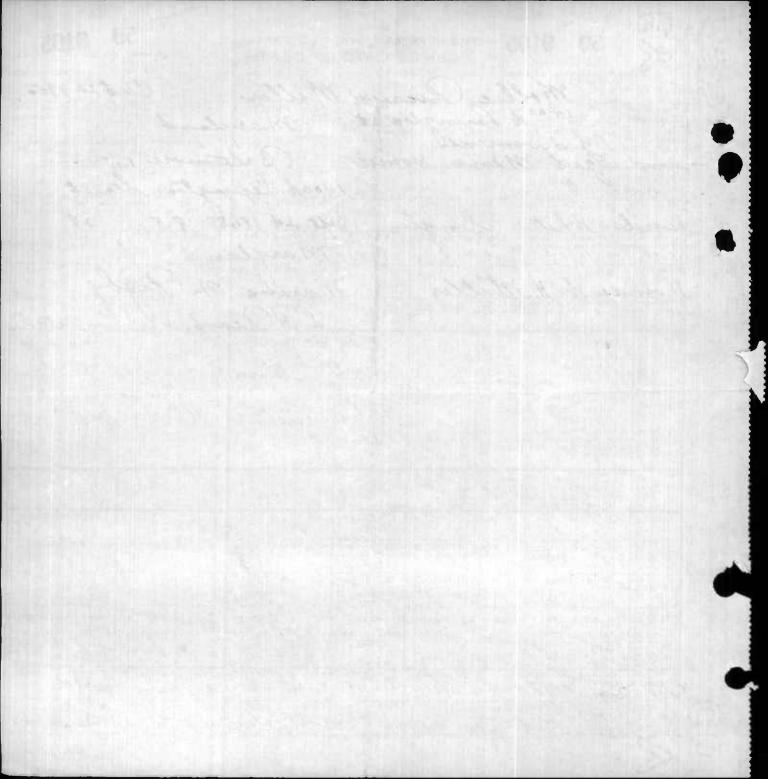
St. Paul

township)

H UNFADING INK. Every item of information ald be can Ay
UNFADING INK.

MARGIN RESERVED FOR BINDING

The	BI	50 9105 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered	0 9105		
ed. 1		NAME OF DECEASED Mollie Ricand Miller OF DEATH OF DEATH	1.22, 1950		
ildi	Α.	Baltimore City, Maryland H. Lulinglow Ct. FULL NAME OF (If not in hospital or institution, pre street address or	f institution: residence before admission		
4 V	HC		its, write RURAL and give township		
can egibly.	-	and aged Mens Home Saltimore Yrs. D. STREET ADDRESS (If rural, give location)	7-02		
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Ever		injury or complication which caused death.) DUE TO			
INK.	Z	DISEASES OR CONDITIONS, IF ANY, GIVING (B) Utlus less to Certain Conditions, If ANY, GIVING			
NG I	ATIO	ONDERE THE CONTENT AND THE			
ADID	LIFIC				
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LA		m. WHILE AT NOT WHILE			
TE PLA	deceased alive on October 27, 1900, and that death occurred at 630 1 m., from the causes and on the				
R is		23A. SIGNATURE PLUMING HOY 23B. ADDRESS AT BARTIS	DI SHE SIGNED		
ದ ದ	2.4 T.K	TON DEMONAL COMMITTEE	n, or county) (State)		
PLEAS	3	permation 10/24.50 Offeen mount Cem. Ballimore Date Received By REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS		
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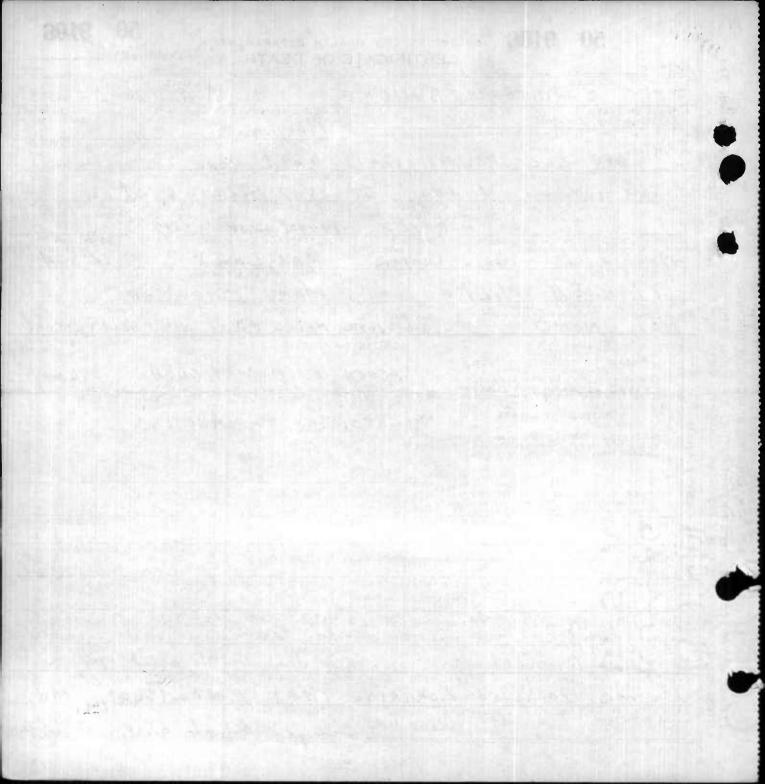
BIRTH NO.

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UNFADING INK. Every item of information all be carryly Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLA WITH correct age is especially important.

c. Length of stay in Baltimore Life Days 2507 Hollins St.	er 24 Hours Min.				
S. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in bospital or institution, give street address or location) B. FULL NAME OF (If not in bospital or institution, give street address or location) B. FULL NAME OF (If not in bospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, write RURAL) Yrs. D. STREET ADDRESS (If rural, give location) D. STREE	mission) and give ownship) er 24 Hours 's Min.				
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	injury or complication which caused death.) DUE TO				
Z ANTECEDENT CAUSES					
D DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO					
UNDERLYING CONDITION LAST.					
OTHER SIGNIFICANT CONDITIONS CON-					
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
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22. I hereby certify that I attended the deceased from 10 - 22, 1950, to 10 - 22, 1950, that I last a deceased alive on 10 - 22, 1950, and that death occurred at 3 m., from the causes and on the date stated	saw the				
deceased alive on 10-22, 1900, and that death occurred at 3 Am., from the causes and on the date stated	above.				
23a. SIGNATURE 23c. DATE S	IGNED				
24a. BURIAL, CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)	(State)				
TION, REMOVAL (Specify)	1				
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS	L .				
LOCAL REGISTRAR VILLENIE Williams, M. Jan Blohwale sea Penelesick	! are				
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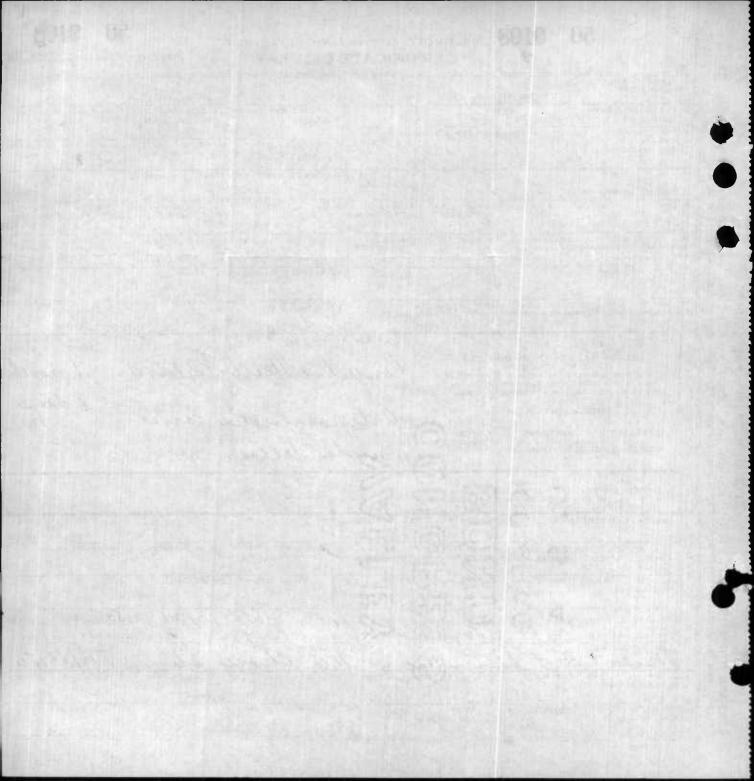
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BALTIMORE CITY HEALTH DEPARTMENT

50	9108

В	BIRTH NO.					
	1. NAME OF DECEASED (Type or Print) 2. DATE					
	(Type or Print) John Manns				DEATH OCT	. 21. 1950
3	3. PLACE OF DEATH: A. Baltimore City, Maryland 7531 Harford Road B. FULL NAME OF (If not in hospital or institution, give street address or			4. USUAL RESIDENCE	Where deceased lived	. If institution : residence
				Maryland	B. COUNTY	before admission)
H	OSPITAL OR	Ot (II not in nospit	location)		f outside corporate li	mits, write RURAL and give
11	STITUTION			Baltimore	5 ~7_	township)
-	Yrs.				and the second	40
	T (1 C		Mos.	D. STREET ADDRESS (I		
		tay in Baltimore	Days	7531 Harford		
1 3	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months: Days Hours: Min.
1	ale	White	Widowed	Aug. 19, 1865	85	
1C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or 1	foreign country)	12. CITIZEN OF
100	ed merch		Seeds	Germany		WHAT COUNTRY?
	FATHER'S			14. MOTHER'S MAIDEN N	IAME	
15	. WAS DECEAS	ED EVER IN U. S. ARMED	FORCES? 16. SOCIAL			
(14	a, no or unknown)	(If yes, give war or deter	security No.	17. INFORMANT		ADDRESS
N	0.		None	Mrs. Herbert Neur	an 7531 Har	
	18. 42:	2.1		OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	SE OR CONDITION	DIRECTLY	+ 1/ L	T.	. I I
	(This does not mean the mode of dying, e.g., (A) Conquitere Heart Facture I mon					1 month
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO						
						8 days
1	ANTECEDENT CAUSES Urtering lastin Cardia-				0 000	
16	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING (A) Congutive / least Failure (B) Arteriosclustic Cardio-					
E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) OUT OF CONTROL OF CONTROL (C) OUT OUT OF CONTROL (C) OUT OUT OF CONTROL (C) OUT					
U	S Constitution deslose					
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E	OTHER SIGNIFICANT CONDITIONS CON-					
R		SEASE OR CONDITION				
1	19A. DATE C	F OPERATION 1	98. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL						YES NO
Na Od	21A. ACCIE	ENT WAS UNDER-	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., e	or 21c. WHERE DID (tc.) INJURY OCCUR?	(If in Baltimore Cit;	y, give exact location)
Ш	CAUSE OF	R CONTRIBUTING DEATH	about nome, in in, factory, strees, omce bidg.,	INJURY OCCURY		
Σ	21D. TIME	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRI	D 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY		WHILE AT NOT WHILE			
			m. WORK AT WORK	11:3	- /	
	22. I hereb	y certify that I att	ended the deceased from	9/12, 19 JO, to_	10/2/ ,19	Jo, that I last saw the
	deceased alive on 10/2/, 19 50, and that death occurred at 6 P. m., from the causes and on the date stated above.					
	337. SIGNA		2	3B. ADDRESS	14	23C. DATE SIGNED
100000	Phich			16. Charle		10/73/50
2. TI	AA. BURIAL. (S	CREMA- 24B. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 24D. L	LOCATION (City, to	wn, or county) (State)
II -	urial	Oct. 24	, 1950 Druid Ridge	Pik	esville. Md	
	ATE RECEIVE	D BY BEGISTBAR	C CICNIAMIED 31	25. FUNERAL DIRECTOR		ADDRESS
	OCT 24 950 That girl Manus M. Ouldrich Fune 21 Home 2008 Orleans St. m				losna C+ =	
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50 9109 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 50-21902 1. NAME OF DECEASED 2. DATE (Type or Print) OF 10-1-52-01 BABY JASKULSK, MARTIN DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Hospitel Yrs. D. STREET ADDRESS (If paral, give location) Mos. c. Length of stay in Baltimore Days AGE (In years | Monder I Year | Monder 24 Hours | Last birthday) | Months Days | Hours | Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF WIDOWED DIVORCED (Specify) IOA. USUAL OCCUPATION (Give kind of 1. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of sorvice) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO 18. 756,2 INTERVAL RETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES Aspiration DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. (c) Congenitel malroxation H days Obstruction of Diodenum OTHER SIGNIFICANT CONDITIONS CON-22 hours TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 6 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY Matroxaxion Bowel Dusdand 10-20-50 D b 5 trackin 218. PLACE OF INJURY (e. g., in or) 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ы 21D. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT AT WORK WORK 19 59 to 10 - 22, 19 Jothat I last saw the 22. I hereby certify that I attended the deceased from 10- 13 deceased alive on 10 - 22 1910, and that death occurred at 5 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 61-25-01

13. Landan Hospital SynaI Battemora M. D.

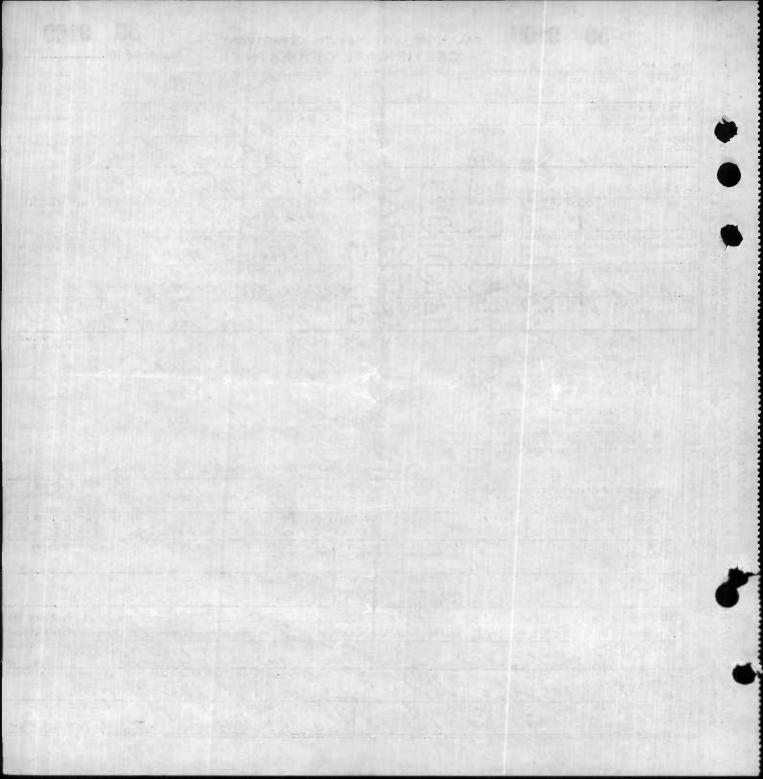
24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county), 24A. BURAL, CREMA-24B. DATE TION, RENOVAL (Specify)

REGISTRAR'S SIGNATURE LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY

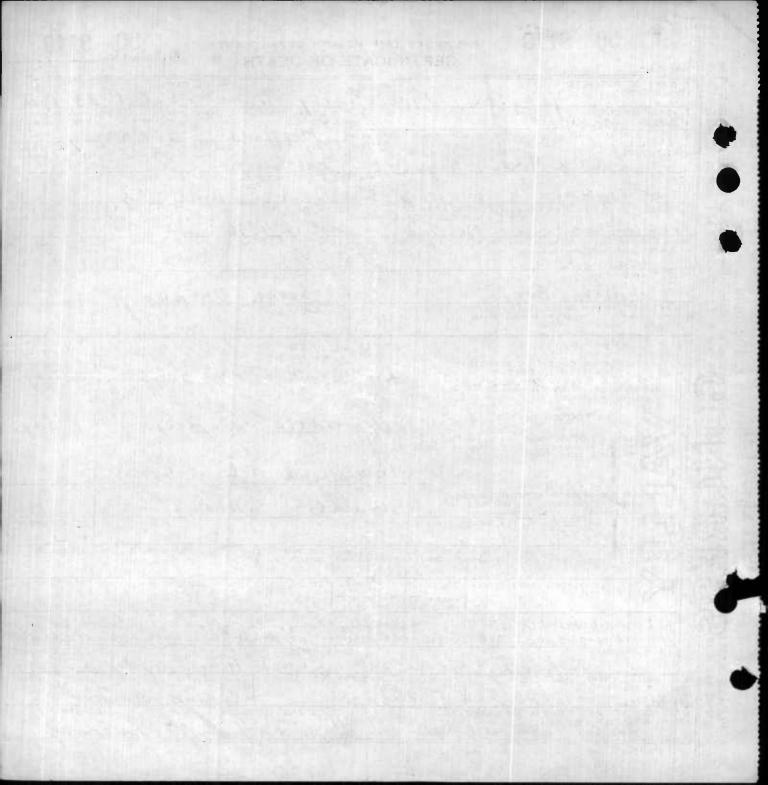


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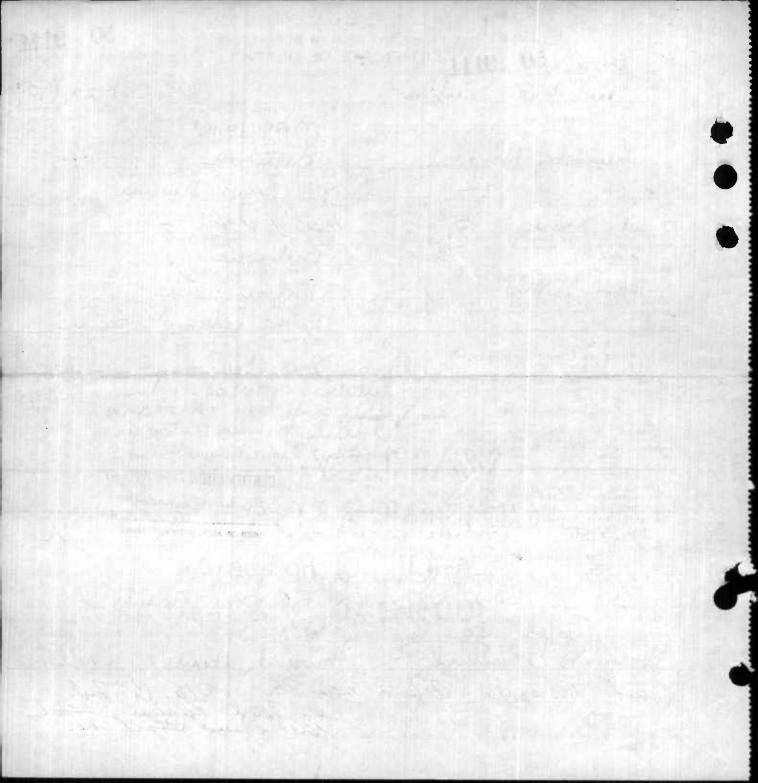
BALTIMORE CITY HEALTH DEPARTMENT

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Registered No	

В	RTH NO. CERTIFICAT	E OF DEATH Registered No.
1.	NAME OF DECEASED /	I 2. DATE
T)	(ype or Print) Yeadley Mrs 1	PAISY M. DEATH Oct. 23 1950
	PLACE OF DEATH:	4. USICAL RESIDENCE (Where deceased lived, If institution: residence
	Baltimore City, Maryland	A. STATE B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give street address o	
11	STITUTION	township)
	Church Home / Itospital	BAITIMORE O
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore 60 Yeavs Days	1821 E. Bidale St
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year of Under 24 Hours last birthday) Months: Days Hours Min.
1	emale White Married	Sept. 17, 1876 74
worl	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House wife	PA. USA
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Frey	SAYAh SheNbery
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT ADDRESS
(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.) ASSAZSS
		OF DEATH
		OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	ctral Thronbosis 6 days
	(This does not mean the mode of dying, e.g., (A) CY. heart failure, asthenia, etc. It means the disease,	EGYAL I HYON GOSIS 6 DAYS
	injury or complication which caused death.) DUE TO	
	ANTECEDENT CAUSES	
Z	(B)/ / //	ostatic PNEUMONIA 2 days
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1	UNDERLYING CONDITION LAST.	
FIC	(c) CTENE	ralized Arteriosclerosis
E	OTHER SIGNIFICANT CONDITIONS CON-	
H	TRIBUTING TO THE DEATH, BUT NOT RELATED	betes Mellitus
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1	ISS. MASS. INSINSS C. C.E.	YES NO P
DICA	21a. ACCIDENT. SUICIDE, 21b. PLACE OF INJURY (e. g.,	
ED	HOMICIDE (Specify) about home, farm, factory, street, office bldg.	
Σ	21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURF	RED 21F. HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE	
	m. WORK AT WORK	
1 1	22. I hereby certify that I attended the deceased from	0/18 1950, to 10/23 , 1950, that I last saw the
	deceased alive on 10/22, 1950, and that death occu	rred at 12 Am., from the causes and on the date stated above.
		23B. ADDRESS 23C. DATE SIGNED
	N. Reed CAYroll M.D.	Church Home 4/tospilal 10/23/50
1 Z	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town, or covnty) (State)
1 /	ORIAL 10/26/50 Baltimo	e Dallmon, mr
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
	OCAL REGISTRAR	Sugar & Homan 1639 Brozdwar
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pplied.		PLACE OF D		nd			•	4. USUA	L RESIDENC				ion ; residence before admission)
	В.	FULL NAME			l or institut	ion, give stree		100	INCHI	AND	B. COUNT		before admission)
ully.	IN	SPITAL OR		11		^	location)	C. CITY	OR TOWN	(If outsi	de corporate	limits, write	RURAL and give township)
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		Length of s	6. COLOR OF		7. SINGLI	E. MARRIED.	Days	A DATE	OF BIRTE	75	AGE (In year		eas If Under 24 Hours
ld	-	Franch.	14 100			ED DIVORC			1/10			Months D	ays Hours Min.
	10	A. USUAL OC	CUPATION G	ive kind of	10B. KINE	OF BUSINE	ESS OR	11. BIRTH	HPLACE State	e or foreign	country	12.°CI	TIZEN OF
clea	worl	done during mot o	f working life, even	ifretired)	-	hone '	INDUSTRY	R	Hima	. 0		W	HAT COUNTRY?
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IDING information of death cl		Willia	in Res	With				Tin	ser los	. 7	18		
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e it o		DISEAS	E OR COND			0	, ,	0	+			ON ON	1.1-
- 2-		(This does	not mean the	mode of	dying, e. s	(A)	grave	o- le	pudo	m o	Lynn	10	1/18/20 -
Ever write		injury or	complication	which ca	used death	.) DUE TO	alle	wing	operat	tion i	inch	-	10/13/0
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MARGIN UNFADING Physicians:	FIC,					(c)	2 por car	ARA- U	Lieu	ro-bo	ioniy u	*	
ARC AD	Fi	OTUED C	II	COMPLE	10110				CERTIF	ICATION	APPROVE	D BA	
MA	ER	TRIBUTING	TO THE DEAT	H, BUT N	OT RELATE	D.			CA	0. H.	Denler	lun	
	U		F QPERATIO			FINDINGS	OF OPER	ATION	- Jan	27/1-		M. D ₁ 2	O. AUTOPSY?
WITH tant.	Y.	10/2	3 50	3	mod	ue r	cesal	bone	OMEN-	OR ASST. M	EDICAL EXAM		ES NO
LY, WITH	DIC	21A. ACCID	ENT WAS UN	IDER-		CE OF INJL			WHERE DID	(If in	Baltimore C	ity, give exa	act location)
) Hid	M	CAUSE OF I	DEATH		14	ome		H	7 Rige	30 De	re -		
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TE	N	deceased al		25	1950	and that de			13 -m., fr	om the co	uses and o		e stated above.
VR.		234 SIGNAT	L.V	m	La line	· V		3B. ADDRE	ESS	14.	1=0	23c.	DATE SIGNED
age A	24	A. BURIAL, C	REMA- 24B	PATE		24c. NAME O	M. D.	RY OR CRE	MATORY 24	4D. LOCAT	TION (City, t	own, or cour	nty) (State)
PLEASE WRITE P	TIC	Burial Surial	Oct.	27/	000	arka	tus /	uem. E		Sal	K. (1)	The	0.
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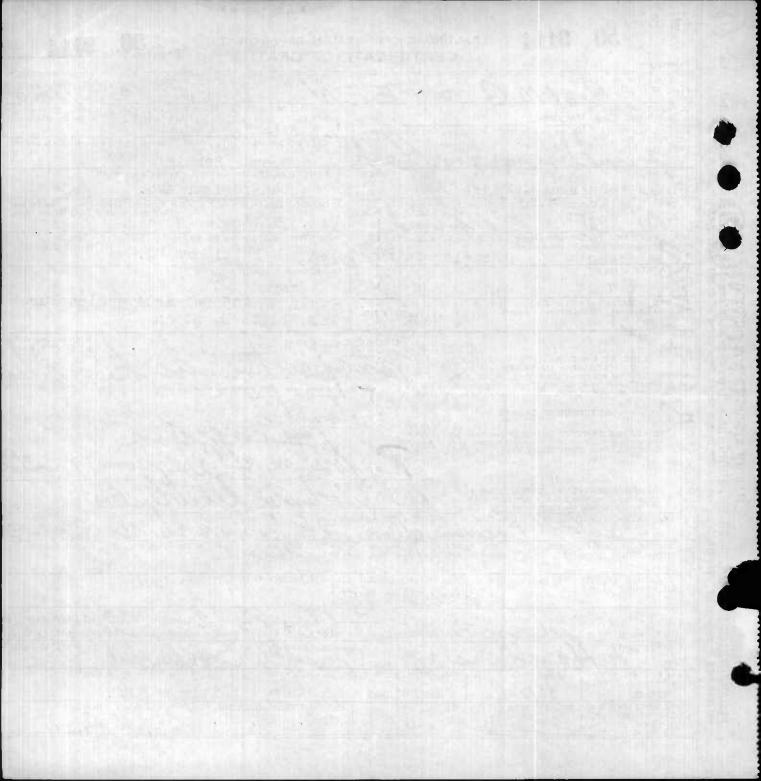
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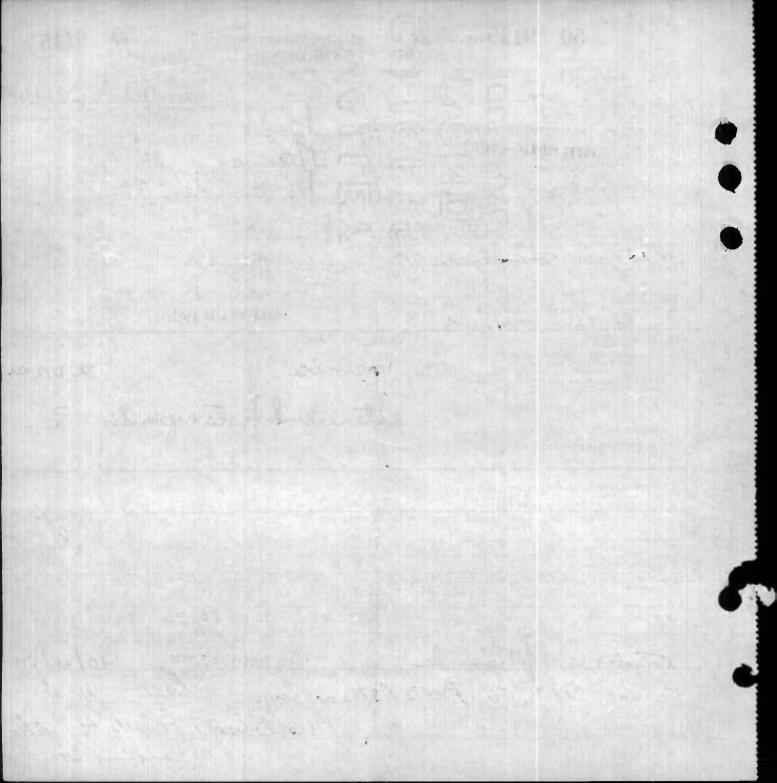
ВІ	IRTH NO.	50 9113	BALTIMORE CITY HE CERTIFICATI		50 Registered No.	9113
	NAME OF D Type or Print)	Katherin	e D. Lake		2. DATE Oct. 2	3,1950
Α.	PLACE OF D Baltimore (City, Maryland	al or institution, give street address or	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	itution: residence before admission)
H	OSPITAL OR ISTITUTION		napolis Road		outside corporate limits, w	rite RURAL and give township)
c.	Length of s	tay in Baltimore	86 Years Mos.	D. STREET ADDRESS (If x 2409 A)	rural, give location) nnapolis Roa	đ
5.	sex F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 1,1853	9. AGE (In years H Under lag wirthday) Months	n 1 Year II Under 24 Hours S Days Hours Min.
l O worl	A. USUAL OC k done during most of Houses	CUPATION (Give kind of or working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12	CITIZEN OF WHAT COUNTRY
13	B. FATHER'S N	NAME enjamin Ma	nny	14. MOTHER'S MAIDEN NA Martha	?	
No.	e, no or nnknown)	ED EVER IN U.S. ARME! (If yes, give war or date	b forces? 16. SOCIAL SECURITY NO. NONE	Mr. Mynard Lak		RES
ERTIFICATION	heart failu injury or DISEASE: RISE TO T UNDERLY	LEADING TO DEA s not mean the mode of the astenia, etc. It mes complication which antecedent Cause S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II GIGNIFICANT COND S TO THE DEATH, BUT	ms the disease, caused death.) DUE TO SES F ANY, GIVING STATING THE DUE TO AST. (C)	es seles tie Co	ely moent	
LC		F OPERATION	9B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg., c		f in Baltimore City, give	exact location)
M	210. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
24	deceased at	TURE PROEF	ended the deceased from M so _, 19 o _, and that death occur	red at 8:30 An., from the 3B. ADDRESS 326W Lombo	ie causes and on the c	date stated above. 3c. DATE SIGNED Oct 73.50
TIC	Burial	Oct.26	5,1950 Woodlawn	Cemetery Wo	odlawn Md.	PARTEE
L	ATE RECEIVE OCAL REGIST	RAR	s SIGNATURE	25. FUNERAL DIRECTOR Henry Sander Balt	& Sons Inc.	DDRESS
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BINDING	LEASE WRITE P. LY, WITH UNFADING INK. Every item of information is all be do in	prect age is especially important. Physicians: please write the causes of death clearly and legibly.
MARGIN RESERVED FOR BINDING	Every item	write the ca
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MARGIN	UNFADING	Physicians:
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cully y.	H	FULL NAME OF OSPITAL OR ISTITUTION	AA S	or instituti	on, give street address of location	c. CITY OR TOWN	N (If or		nits, write RURAL	and give wnship)
legibly	3	Length of stay in	Raltimore	Life	Yrs. Mos.	D. STREET ADDR	ESS (If ru	rnie ral, give location) ar Ave.	5200	
ld be and				7. SINGLE	Days , MARRIED, ED, DIVORCED (Specif	8. DATE OF BIRT	Н	9. AGE (In years)	II Under 1 Year It Und Months Days Hour	er 24 Hours 8 Min.
sarly	1C worl	A. USUAL OCCUPAT	ION (Give kind of life, even if retired)	108. KIND	of Business or INDUSTR	11. BIRTHPLACE	State or fore	eign country)	12. CITIZEN OUSAHAT COL	F JNTRY
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TE P especia		22. I hereby certi deceased alive on	fy that atte	nded the	deceased from 7	erred at	from the		SQ that I last s the date stated	above.
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EASE rect a	TIC	N REMOVAL (Specify) Burial ATE RECEIVED BY	10/24	/50	Baltimore	Cemetery	Bal	timore, N	d.	y y
PL		OCT 241950	REGISTRAR'S	SIGNATU	Milians)110		, MD.	Sec. 1	- Ambe	1
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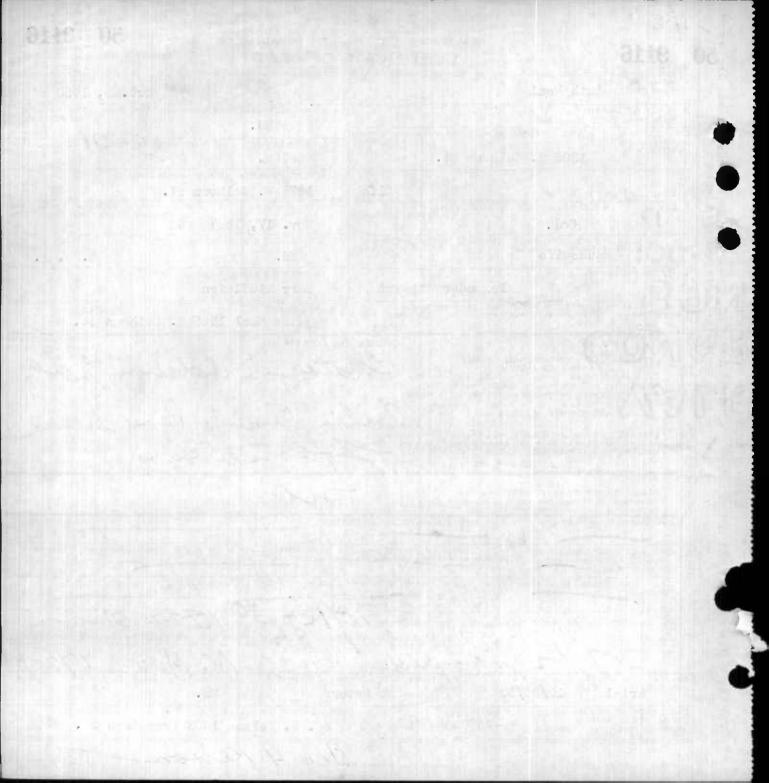




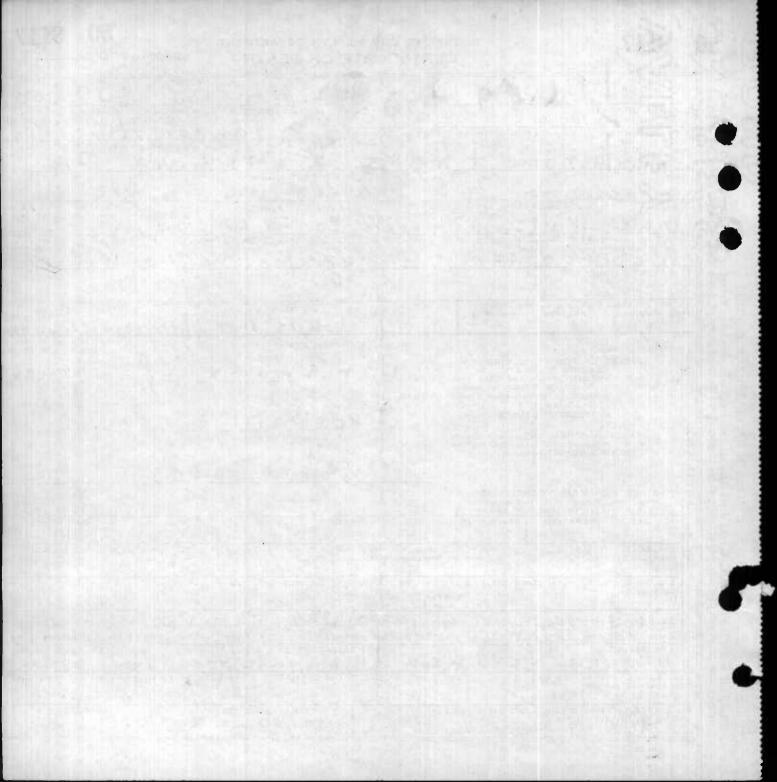
BALTIMORE CITY HEALTH DEPARTMENT

N 50	4-C	116				EALTH DEPARTME E OF DEATH	ENT Registered	50 9116
		E OF D	Ruth Neal	7			2. DATE OF DEATH Oct	22, 1950
pplied.	A. Balt	NAME	City, Maryland	al or institutio	on, give atreet address or location)	A. STATE Md.	CE (Where deceased lived, B. COUNTY	before admission)
ully ly.	INSTIT		1326 N. Ca	alhoun S		Balto.	(If outside corp rate lin	nts and RURAL and give township)
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ld be	5. SEX	F	6. COLOR OR RACE	7. SINGLE	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 1887 62	H Under I Year Months Days Hours Min.
arly	10A. US work done d	UAL OC	CUPATION (Give kind of of working life, even if retired) HOUSEWLIE	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
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BINDIN of infor	15. WAS (Yes, no or	DECEASE unknown)	D EVER IN U. S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT	1 1326 N. Calho	ADDRESS oun St.
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	FICATION	This does eart failu njury or	E OR CONDITION IN LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which or ANTECEDENT CAUSE OF CONDITIONS, IF HE ABOVE CAUSE (A) TING CONDITION LAST	H f dying, e. g. sa the disease aused death.	DUE TO (B) Card	tio Vasi	plegry	INTERVAL BETWEEN ONSET AND DEATH
MAH UNFA Physic	U T	RIBUTING	II IGNIFICANT CONDIT TO THE DEATH, BUT I	NOT RELATED		no		
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, WITH	D LYI		ENT WAS UNDER CONTRIBUTING	21B. PLAGebout home, fa	CE OF INJURY (e. g., in rm, factory, atrest, effice bldg., e	or 21c. WHERE DID	(If in Baltimore City	, give exact location)
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ASE ect ag	TION, RE	MOVAL (S Burla	10/25/5		oc. NAME OF CEMETE St Pet	ers	4D. LOCATION (City, tow Md •	vn, or county) (state)
PLE	OCT	RECEIVE REGIST	RAR REGISTRAR			Geo. G. Kels	on 1303 Presstm	an St.

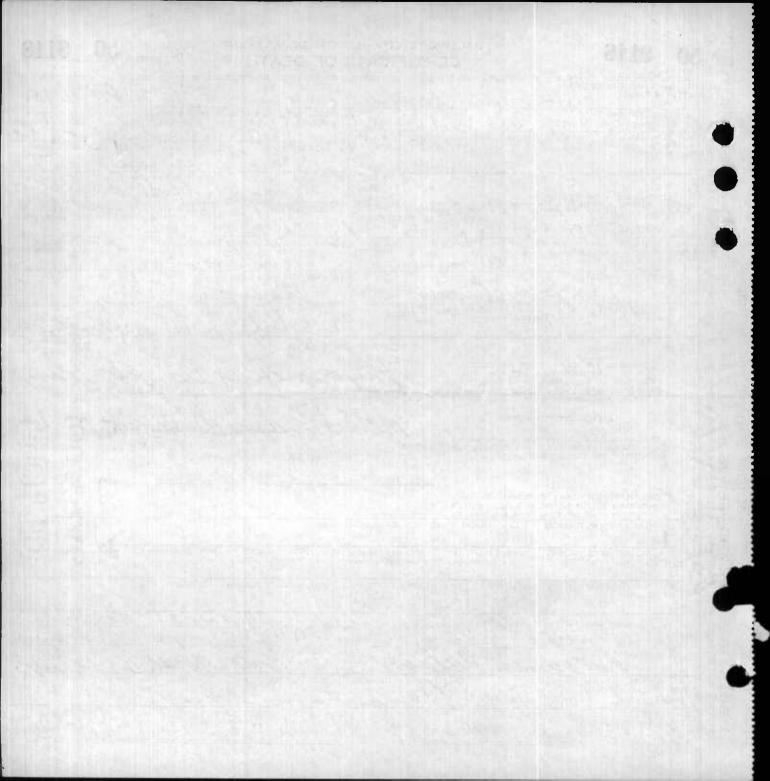
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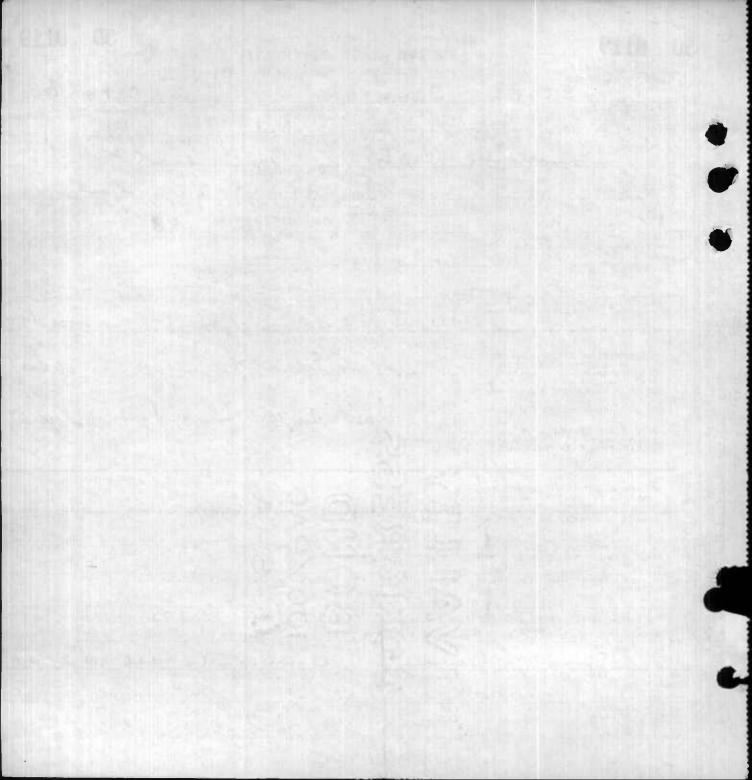
Joseph LANDA BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If insultation residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF wson HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RUIAL and give o township) hurc mcore D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days OUS SON 6. COLOR OR RACE 7. SINGLE, MARRIED. 9. AGE (In years last birthday) Months: Days Hours: Min. TYTE information sails of death clearly 10A. USUAL OCCUPATION (Givekind of 108 KIND OF BUSINESS OF 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY chluderber Kurdle 13. FATHER'S NAME MOTHER'S MAIDEN NAME unknown Kohn 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Every item of i none INTERVAL BETWEEN 18. CAUSE OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) JINK. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING 1 Physicians: pl DUE TO UNDERLYING CONDITION LAST. ERTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WRITE Pre is especially WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from 30 Oct. 50, 1950 to 32 Oct. 1950 that I last saw the deceased alive on 22 () ct 1950, and that death occurred at 12:45m., from the causes and on the date stated above. 234. SIGNATURE 298/ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) PLEASE Parkwood Cemetery 3310 Taylor Ave. . Balto.Md. burial Oct. 25,1950 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Schimuriek Juneral Home, Inc. huntrug/or Mularila 2601 3-5 E. Madison St. VS 150 0516



K-	50	9118 RTH NO.	BALTIMORE CITY HE. CERTIFICATE		Registered No.0	9118
olied. Th	1. (T:	NAME OF DECEASED Supplemental Print	na agnes of	Kelly.	2. DATE OF DEATH OF 2	3/1950
hlly pli	B. HC	PLACE OF DEATH: Baltimore City, Maryland 281 FULL NAME OF (If not in hospital or DOSPITAL OR STITUTION	institution, giff sfreet address or location)	C. CITY OR TOWN	B. COUNTY B. COUNTY Louiside corporate limit, write Alturace	before admission) RURAL and give township
legion	c.	Length of stay in Baltimore	9 4 Yrs. Mos. Days	2800 0	pural, give location	e·
d be	5.	Temale Aute 7.	SINGLE MARRIED, WIDOWED/DIVORCED (Specify)	May 5/1868	AGE (In years if Under last by the day) Months	Days Hours Min.
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NDING information s of death cle		FATHER'S NAME Sacoh Sc	hwarts	Junemon	WE WE	
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		vs 150	- THURAMANNET !	y ternsigten	094	anymel



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) JOHNSON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location) C. CITY OR TOWN (If outside corporate limi's, write RURAL and give INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 5 th Days 7. SINGLE, MARRIED. WIDOWES DIVORGED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (in years) 8. DATE OF BIRTH last birthday) | Months; Days | Hours: Min. MAY 25, 1902 10A. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of worklog life, even if retired) INDUSTRY WHAT COUNTRY? CLEPK - DRY CLEANING STORE information s of death cle mass. NOERSON CLEAMO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or onkoown) SECURITY NO -12 -047 W. 250 of 18. 44 CAUSE OF DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: (C) RTIFIC H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE! 6 3 19 9 that I last saw the Oct 23 1950to 22. I hereby certify that I attended the deceased from_ deceased alive on 0. 23, 1950 and that death occurred at 6 Pm., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 10-23-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 10/26 Burea DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR LOCAL REGISTRAR MANUAL IN I MILLALIA VS 150 39080



9120 BIRTH NO.			HEALTH DEPARTMENT	Registered	50 9120
1. NAME OF D (Type or Print)	ECEASED	KOSTONTINO	ERIMETIS	2. DATE OF Octob	per 22, 1950
3. PLACE OF D	EATH: City, Maryland		4. USUAL RESIDENCE (W		
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institution, give street addressions Hospital	M Pennsylvania	t outside corporate lim	its, write RURAL and gi townshi
			D. STREET ADDRESS (If		
c. Length of s	tay in Baltimore	7, SINGLE, MARRIED,	925 Spruce S	19. AGE (In years)	If Under 1 Year If Under 24 Hou
Male	White	widowed, divorced (sp	Feb. 6, 1884	last birthday) M	Ionths Days Hours Mi
vork done during most	CUPATION (Give kind of of working life, even if retired) —a uentende		TRY	oreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S			14. MOTHER'S MAIDEN NA	AME	
		milis	Un'moun		
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	of service) 16. SOCIAL SECURITY N	John Koutovid		ADDRESS 1117.
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BALTIMORE CITY HEAL Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE Lovist B. Richardson 16-22-5 (Type or Print) DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution; give street address or B. FULL NAME OF HOSPITAL OR Union bremoval Hospital location) c. CITY OR TOWN (If outside corporate limits, The RUKAL and give township) D. STREET ADDRESS (If rural, give location) Yrs. 3469 Wellrook an c. Length of stay in Baltimore Days 8. DATE OF BIRTH 9. AGE (In years) 6. COLOR OF RACE I 7. SINGLE, MARRIED last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) Saget 10, 1881 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? USA non 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hugh S. Richan 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17, INFORMANT ADDRESS SECURITY NO 7/6 h churil ave ms. J. k Bellinon INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSY 19A. DATE OF OPERATION 10-21 50 Ü 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! WHILE AT WORK 22. I hereby certify, that I attended the deceased from 16 - 2 deceased alive on 16-22 19 50 and that death occurred at 3 ., from the causes and on the date stated above. 23A SIGNATURE 23c. DATE SIGNED roulis 249 NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B, DATE Pron, REMOVAL (Specify)

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DATE RECEIVED BY LOCAL REGISTRAR

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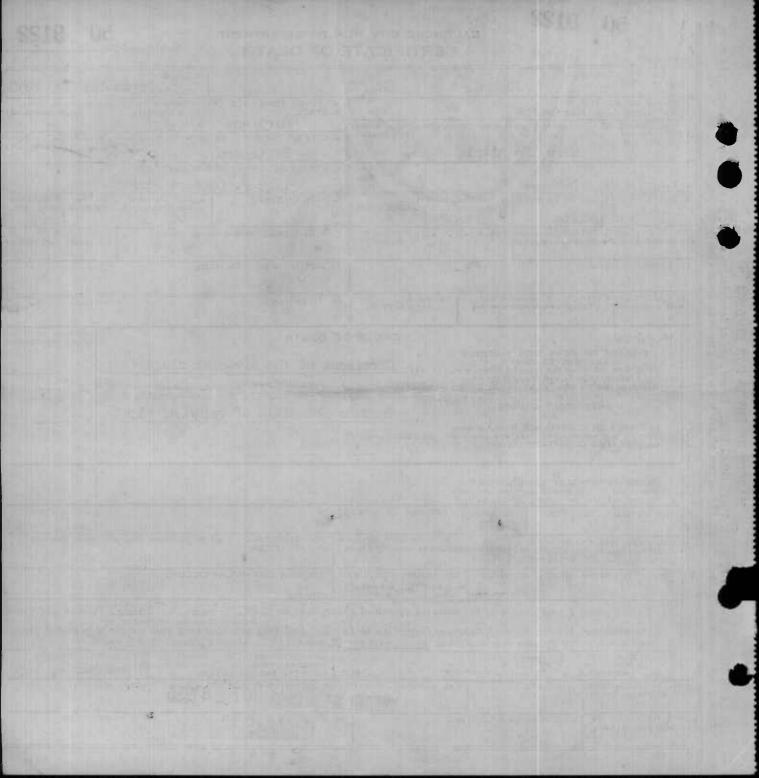
25. PUNERAL DIRECTOR

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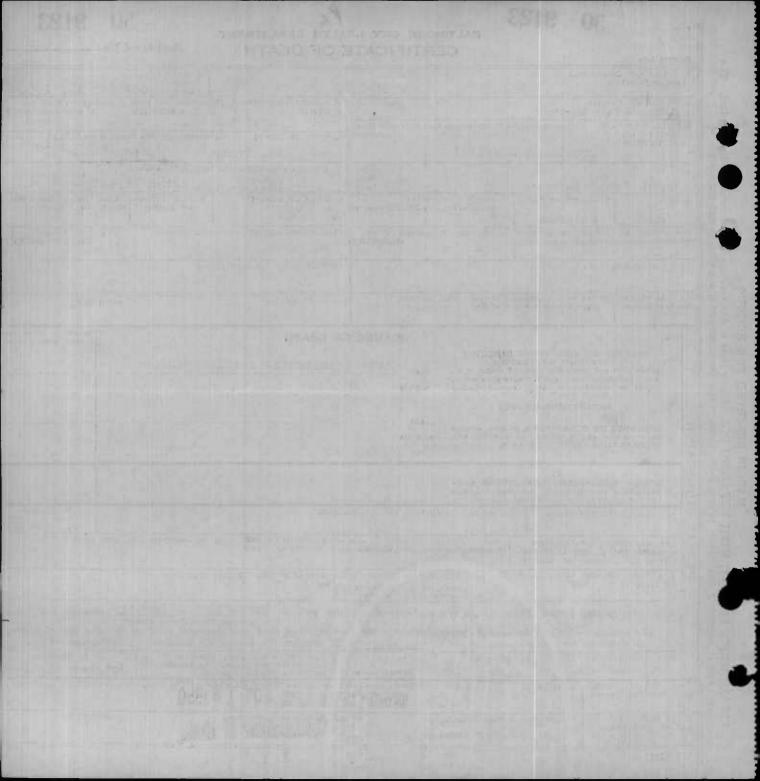
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-	525		BAI	CERTIFICAT			Regi	stered No.	
BIRTH NO.									
	. NAME OF DEC Type or Print)		ILLIAM	JOHNS	SON		2. DATE OF DEATH	October	r 13, 1950
	. PLACE OF DEA	TH:		001111		RESIDENCE (lived. If inst	itution: residence before admission)
В	FULL NAME OF		tal or institut	ion, give street address or location)		Maryland			
	NSTITUTION	Provident :	Hospita		C. CITY OF	Baltimor		S-0	rite RURAL and give
	Towardh of the	: D-14:		Yrs. Mos.	D. STREET	ADDRESS (If			1
	. Length of sta	.COLOR OR RACE	7. SINGLI	Days E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF	1017 W.]	9. AGE (În	years M Unde	
	Male	Colored JPATION (Givekinded	0		U	Lacom (Distance of	80		
		orking life, even if retired)		O OF BUSINESS OR INDUSTRY		LACE (State or f	oreign country	12.	CITIZEN OF WHAT COUNTRY?
1:	3. FATHER'S NA	ME	N O		14. MOTHE	R'S MAIDEN N	IAME		
1 (X	5. WAS DECEASED	EVER IN U. S. ARME! (If yes, give war or date	D FORCES?	N SECURITY NO.	17. INFOR	MANT N		ADDF	RESS
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ERTIFIC	TRIBUTING 1	II NIFICANT COND TO THE DEATH, BUT EASE OR CONDITION	NOT RELATE	ED					
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EDICA	UNDERLYING	L CAUSE WAS OR CONTRIB-	about home, f	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		HERE DID (If in Baltimo	re City, give	exact location)
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	23A. SYGNATU	elen H.	Du	larler	ASSISTA	IEF MEDICAL ANT MEDICAL L INVESTIGAT	EXAMINER	B Octo	ber 14, 195
Z TI	4A. BURIAL, CR ON, REMOVAL (Spe	EMA- 44B. DATE		24C. NAME OF CEMETE UNIVERSITY	MEDICAL SCHO	OL OOL 340. P	8 1950	ity, town, or c	ounty) (State)
	ATE RECEIVED OCAL REGISTRA		SSIGNATU	Alliance, M.	25. FUNER	ISSIGNAT OF	Health	AC	DRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No.	

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MARGIN RESERVED FOR BINDING	PLEASE WRITE RISHLY, WITH UNFADING INK. Every item of information a 3ld be conversed age is especially important. Physicians: please write the causes of death clearly and legibly.	
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	IRTH NO.						
1. NAME OF DECEASED (Type or Print) Olin Nixon						2. DATE OF DEATH 10-6-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitalslocation) 1940 Eastern Ave.			4. USUAL RESIDENCE (1 A. STATE Md. C. CITY OR TOWN (I Baltimore		titution: residence before admission)		
Yrs. Mos.				Mos.	D. STREET ADDRESS (If 903 S. Sharp St	rural, give location)	
5.	sex le	6.COLOR OR RACE	7. SINGLE	E. MARRIED. (ED DIVORCED (Specify)	July 4, 1889	9. AGE (In years Month	ler I Year II Under 24 Hours ns Days Hours Min.
1 C	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	Foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S N	Jim Nixon	n		14. MOTHER'S MAIDEN N Rose Butler	IAME	
15 (Ye	5. WAS DECEASE 18, no or naknown)	D EVER IN U. S. ARME! (If yee, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	B. C. H. Record	s, 4940 astern	RESS 1 Ave.
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Respiratory failure Instant Aspirated Plug					onset and death	
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			nagus		20. AUTOPSY?	
MEDICA	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, atroet, office bidg., etc 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) WHILE AT NOT WHILE				etc.) INJURY OCCUR?	(If in Baltimore City, give	e exact location)
TI	22. I hereby certify that I attended the deceased from 9-18-50, 19, to Oct. 6, 1950, that I last saw the deceased alive on Oct. 6, 1950, and that death occurred at 11.02Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 4940 Lastern Ave. 23C. DATE SIGNED 10-18-50 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OF ICAL ADDRESS LOCAL RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OF ICAL ADDRESS						

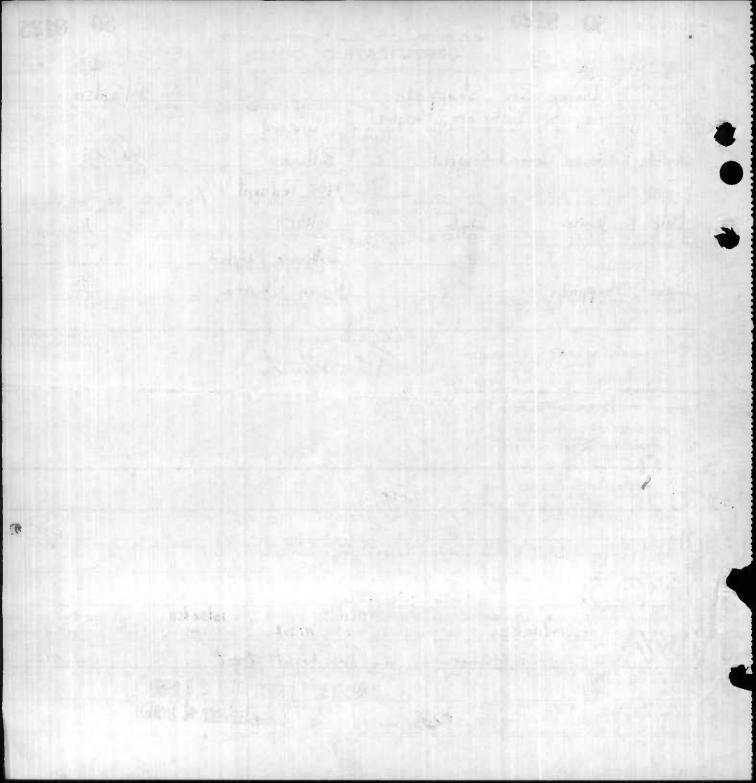


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BALTIMORE CITY HEALTH DEPARTMENT

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E	IRTH NO. 50-23033 CERTIFICATI	E OF DEATH Registered No.)		
1	. NAME OF DECEASED	2. DATE			
	Type or Print) Roby Roy Sheefield	DEATH 10 a	0/50		
	Place of Death:	4. USUAL RESIDENCE (Where deceased lived. If in			
	Baltimore City, Maryland Kaltimore Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY	before admission)		
1	OSPITAL OR location)				
13	Bully Reltitions Coneral Hospital	R11:400 26-0	township)		
1	Yrs.	D. STREET ADDRESS (If rural, give location)			
C	Length of stay in Baltimore Days	1408 Tennant Way			
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (in years) II U	Inder I Year If Under 24 Hours		
	Wilde Wite Single (Specify)	lollo 50	ths Days Hours Min.		
1	DA. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR		12. CITIZEN OF		
Wo	rk done during most of working life, even if retired) INDUSTRY	Bollyma Maral I	WHAT COUNTRY		
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
11	dural Shappield	Va: Obil			
1	5. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL	17. INFORMANT AD	DRESS		
(Y	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	T. IN OKMAN	DICESS		
-	18. 77/V CAUSE	OF DEATH	INTERVAL BETWEEN		
	1/0/	OF DEATH	ONSET AND DEATH		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	a total			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	cmaway			
	injury or complication which caused death.) DUE TO				
	ANTECEDENT CAUSES				
Z	DISEASES OR CONDITIONS, IF ANY, GIVING				
Ē	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.				
RTIFICATION	(C)				
	OTHER SIGNIFICANT CONDITIONS CON-				
CE	TO THE DISEASE OR CONDITION CAUSING IT.				
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		23B. ADDRESS	23c. DATE SIGNED		
	c. Vergina M.D.	1213 hight Street	10/20/50		
2	4A. BURIAL, CREMA- 24B. DATE \ 24C. NAME OF CEMETE				
T	ON, REMOVAL (Specify)	ISTLY MEDICAL SCREEN OCT 2 3 1950			
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	INTERIOR COLOR	ADDRESS		
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R	00 9140 CEB	RE CITY HEALTH DEPARTMENT	50 9126 Registered No.				
d. The	1. NAME OF DECEASED (Type or Print) Baby Girl Roserty		2. DATE OF TOLIGISO				
ull pplied.	a. Baltimore City, Maryland Ratinove M. B. FULL NAME OF (If not in hospital or institution, give HOSPITAL OR INSTITUTION South Baltimore General Hospital	a. STATE Street address or location) C. CITY OR TOWN (I	Where deceased lived. If institution: residence B. COUNTY before admission) f outside corporate limits, write RURAL and give township) f rural, give location)				
uld be c	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BL	JSINESS OR 11. BIRTHPLACE (State or :					
information s of death clea	13. FATHER'S NAME Dorodd G. Ratterty 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SG	Bato. W. 14. MOTHER'S MAIDEN N Bety Shith OCIAL 17. INFORMANT	WHAT COUNTRY?				
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UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
important.	21A. ACCIDENT WAS UNDER. 21B. PLACE OF Shout home, farm, facto	INJURY (e. g., in or 21c. WHERE DID (sy, street, office bidg., etc.) INJURY OCCUR?	20. AUTOPSY? YES NO (If in Baltimore City, give exact location)				
	Z CAUSE OF BEATH	AT WORK					
WRITE PLAI e is especially	23A. SIGNATURE	at death occurred at 8:21A.m., from	the causes and on the date stated above. 23c. DATE SIGNED 10120150				
PLEASE W	24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State						
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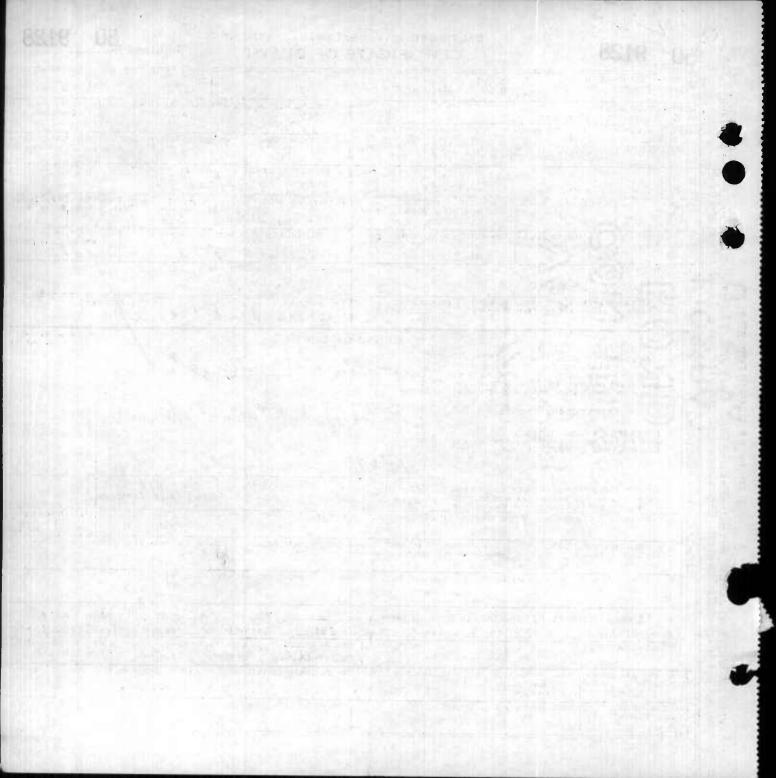
PLEASE WRITE PLANLY, WITH UNFADING INK. Every item of information shall be calculated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9128

3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) Latheran February Yrs. C. Length of stay in Baltimore To SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specify) To SUBJECT O 10. STREET ADDRESS (If ural, give location) A. USUAL RESIDENCE (Where deceased live, and the state of corporate in the state of state of foreign country) WIDOWED, DIVORCED (Specify) WIDOWED, DIVORCED (Specif	
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) Latheran Hospital Or institution, give street address or location) Latheran Hospital Or institution, give street address or location) Latheran Hospital Or institution, give street address or location) Latheran Hospital Or institution, give street address or location) Latheran Hospital Or institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location) Latheran Hospital Or Institution, give street address or location Latheran Hospital Or Institution, give street address or location	10-24-50
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION MATHEMAN AS A C. CITY OR TOWN (If outside corporate production) Yrs. Mos. Days D. STREET ADDRESS (If jural, give location) O. STREET ADDRESS (If jural, give location) Mos. Days D. STREET ADDRESS (If jural, give location) Mos. Days D. STREET ADDRESS (If jural, give location) Mos. Days D. STREET ADDRESS (If jural, give location) Mos. Days D. STREET ADDRESS (If jural, give location) Mos. Days D. STREET ADDRESS (If jural, give location) Mos. Days D. STREET ADDRESS (If jural, give location) Mos. Days D. STREET ADDRESS (If jural, give location) D. STREET ADDRESS (If jural, give location) Days D. STREET ADDRESS (If jural, give location) D. STREET ADDRESS (If jural, give location) Days D. STREET ADDRESS (If jural, give location) Days D. STREET ADDRESS (If jural, give location) Days D. STREET ADDRESS (If jural, give location) D. STREET ADDRESS (If jural, gi	ved. If institution: residence TY before admission)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Aug. 14, 1894 10a. USUAL OCCUPATION (Givekind of working life, even if retired) Work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY At home 11. BIRTHPLACE (State or foreign country) 13. FATHER'S NAME Andrew Shaeffer Mary C. Evans	edimits, write RURAL and give township)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Givekind of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY at home 13. FATHER'S NAME Andrew Shaeffer Days 8. DATE OF BIRTH Aug. 14, 1894 9. AGE (In yet last birthday last birth	on)
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work done during most of working life, even if retired) at home INDUSTRY BACTO. Md. 13. FATHER'S NAME Andrew Shaeffer IA. MOTHER'S MAIDEN NAME Mary C. Evans	y) Months Days Hours Min.
Andrew Shaeffer Mary C. Evans	12. CITIZEN OF WHAT COUNTRY?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. none 17. INFORMANT No. P. Lee	ADDRESS
CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION CAUSE OF DEATH A AC V h caudiae failure (A) HAC V h caudiae failure (B) Muelle ple partial Mysoardial Info Due to (C) (C) TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	Lez Coe 20. AUTOPSY? YES NO []
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK	
22. I hereby certify that I attended the deceased from 16-2, 1950, to 10-24, deceased alive on 10-24, 1950, and that death occurred at 7:35, A From the causes and 23A. SIGNATURE 123B. APPRESS 11	d on the date stated above. 23c. DATE SIGNED
24A. BURIAK, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City Burial 10/27/50 Western Cem. Balto.,	Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE OCT 241850 VS 150	San = Salta

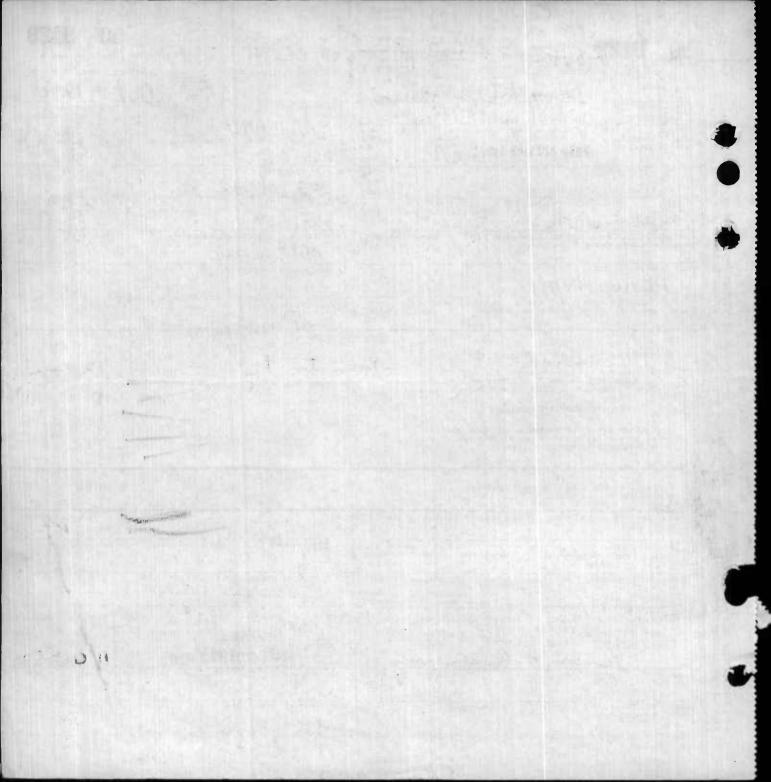


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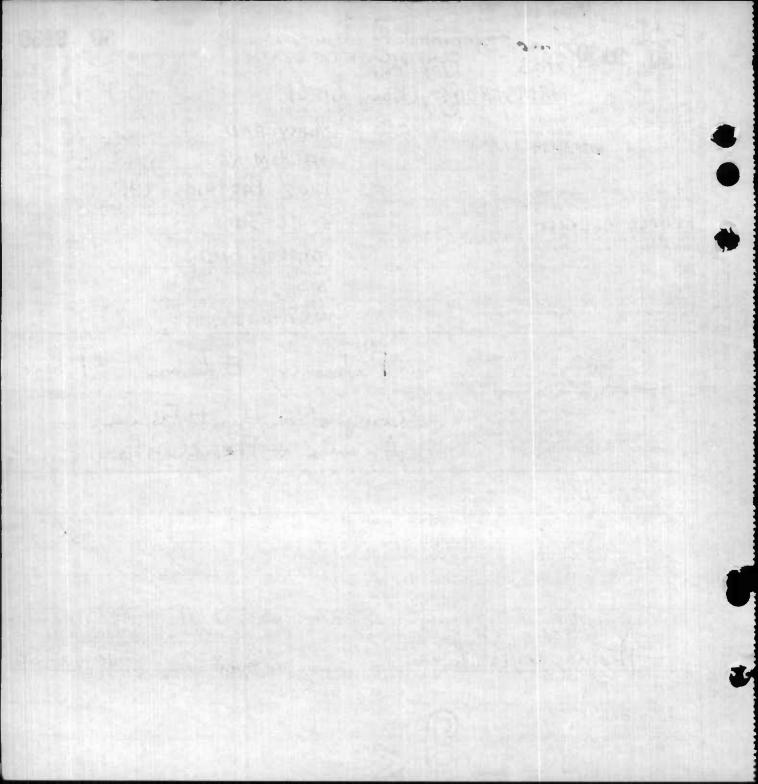
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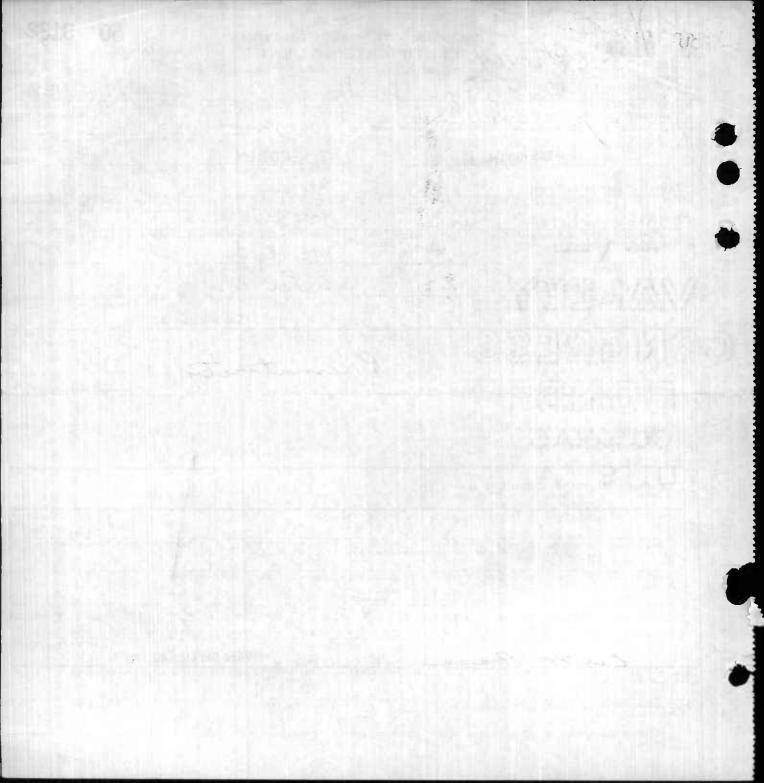
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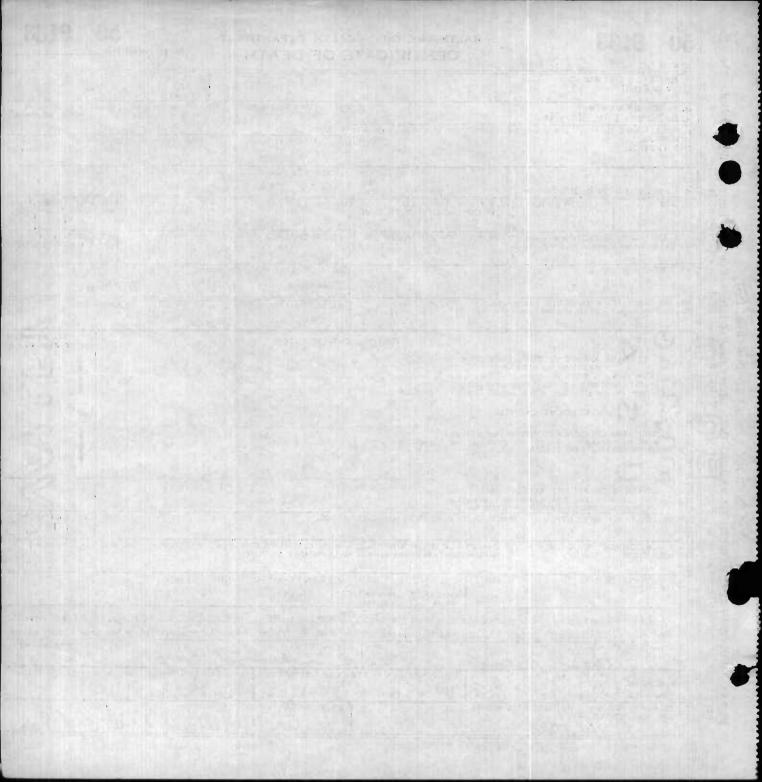
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1.	NAME OF DE					2. DATE		
3. PLACE OF DEATH:					r 10,1950			
		4. USUAL RESIDENCE ()	Where deceased lived, B. COUNTY	If institu	ution : residence before admissi			
8.	FULL NAME O	F (If not in hospita	al or institut	ion, give street address or location)				
	ISTITUTION	mı Tı	**		c. CITY OR TOWN	f outside corporate li	wits, writ	RURAL and
	53	The Johns	Hopki	ns Hospital	D. STREET ADDRESS (If		4	
-	Towardh of od	ay in Baltimore		Yrs. Mos.		ound Road		
-		6. COLOR OR RACE	7. SINGL	Days E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	H Under 1	Year II Under 24
01	Male	Negro		VED, DIVORCED (Specify)		last birthday)	Months	
		UPATION (Givekind of		O OF BUSINESS OR	11. BIRTHPLACE (State or f			CITIZEN OF
work	Infant	working life, even if retired)		INDUSTRY	Baltimore, Mar	our and	\ \	WHAT COUNT
13	FATHER'S N	AME	BUTTO S	776 - AL - AL - AL	14. MOTHER'S MAIDEN N			H-H
	Gi	lford Queen			Muriel Brook	S		
15 (Yes	. WAS DECEASE	D EVER IN U. S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS
100		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	SECONITI NO.	Hospit	al Records		
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IFICATION	heart failur injury or DISEASES RISE TO TH	not mean the mode of extended of the complication which of anticological conditions, in the conditions, in the condition of t	TH of dying, e. ans the disease caused deatl SES F ANY, GIVII STATING T	g., (A)se, (B)	geniral hea	N diseas	2	
ERTIFICA	heart failur injury or DISEASES RISE TO TH UNDERLY OTHER SI TRIBUTING	not mean the mode of executive, asthenia, etc. It mea complication which of anticomplication which of anticomplication which of anticomplication with the condition of the death, but	TH of dying, e. uns the disear caused deatl SES F ANY, GIVII STATING T AST, ITIONS CO NOT RELAT	g., (A)	genial hea	N diseas	٤	
CERTIFICA	heart failur injury or DISEASES RISE TO TH UNDERLY OTHER SI TRIBUTING TO THE DI	not mean the mode of e, asthenia, etc. It mea complication which of anticomplication which of anticomplication which of anticomplication which of anticomplication conditions are seen as a seen and the mode of t	TH of dying, e. uns the disease saused deatl SES F ANY, GIVII STATING T AST. ITIONS CO NOT RELAT I CAUSING	g., (A)		i diseas	£	20. AUTOPSY
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EDICAL CERTIFICA	DISEASES RISE TO TH UNDERLY OTHER SI TRIBUTING TO THE DI 19A. DATE OI 21A. ACCIDEN HOMICIDE 21D. TIME (I) OF INJURY 22. I hereby	not mean the mode of exe, asthenia, etc. It mea complication which of anticomplication which of anticomplication which of anticomplication which of anticomplication is a second to the death, but sease or condition of the death, and the death of	TH of dying, e. uns the disease caused death SES FANY, GIVII STATING TAST. ITIONS CO NOT RELATING TAST. 21B. PL. about home, (Hour) m. tended the	Se, (A)	RATION in or 21c. WHERE DID (otc.) INJURY OCCUR? RED 21f. HOW DID INJUR 10, 1950 to Serred at 9:10Pan., from 1238. ADDRESS	If in Baltimore City Y OCCUR? Pp. 10, 19 the causes and or	y, give e	ves No xact location) at I last saw te stated above. DATE SIGN
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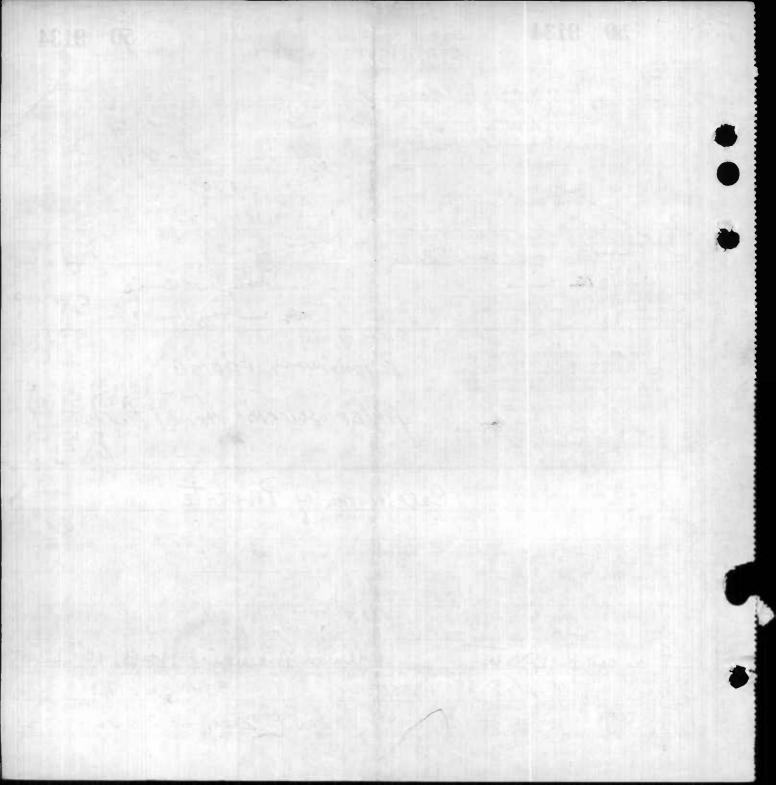
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VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9134
Registered No.

BII	RTH NO. CERTIFICA	TE OF DEATH	Registered No.	
(T)	NAME OF DECEASED ype or Print) WILLIAM EICHLER		2. DATE OF /6-2: DEATH	2 - 60
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (WA. STATE	here deceased lived. If inst	itution: residence before admissi
	OSPITAL OR Location beautiful Hopels		outside corporate limits, w	rite RURAL and towns
	Yrs Mos Length of stay in Baltimore Day	524 5 + 5		
	SEX 6. COLOR OR RACE WIDOWED, DIVORCED (Specific WIDOWED)	B. DATE OF BIRTH huch 23, 1870	9. AGE (In years f Und	s Days Hours M
10/ vork	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) Light Engineer A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	11. BIRTHPLACE (State or for	preign country) 12	CITIZEN OF WHAT COUNT
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NA Sand Eliza	but Davis	17
(X 08,	. WAS DECEASED EVER IN U. S. ARMED FORCES? Jan Do Or Unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT hus h	aydones 5 am	RESS
NOI	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ERIOSCIEROJIE	, 1516	ONSET AND DE
AL CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	ma of Prost	ATE	
0 -	21a ACCIDENT WAS UNDED 21B PLACE OF INJURY (e.g.	•	f in Baltimore City, give	20. AUTOPSY YES No exact location)
	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bld;	, in or 21c. WHERE DID (I INJURY OCCUR?	f in Baltimore City, give	YES NO
DIC	LYING OR CONTRIBUTING about home, farm, factory, street, office bld;	., in or 21c. WHERE DID (I INJURY OCCUR? RRED 21F. HOW DID INJURY		YES NO
MEDIC	LYING OR CONTRIBUTING about home, farm, factory, street, office bld, CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I hereby certify that I attended the deceased from deceased alive on 0 2 27, 19 and that death occ 23. SIGNATURE M. D.	RED 21F. HOW DID INJURY OF THE PROPERTY OF THE PROPERTY OF CREMATORY 24D. LC	OCCUR? $7.2^{-19^{56}}$, t he causes and on the t	exact location) hat I last saudate stated at 13c. DATE SIGNOCOUNTY) (St

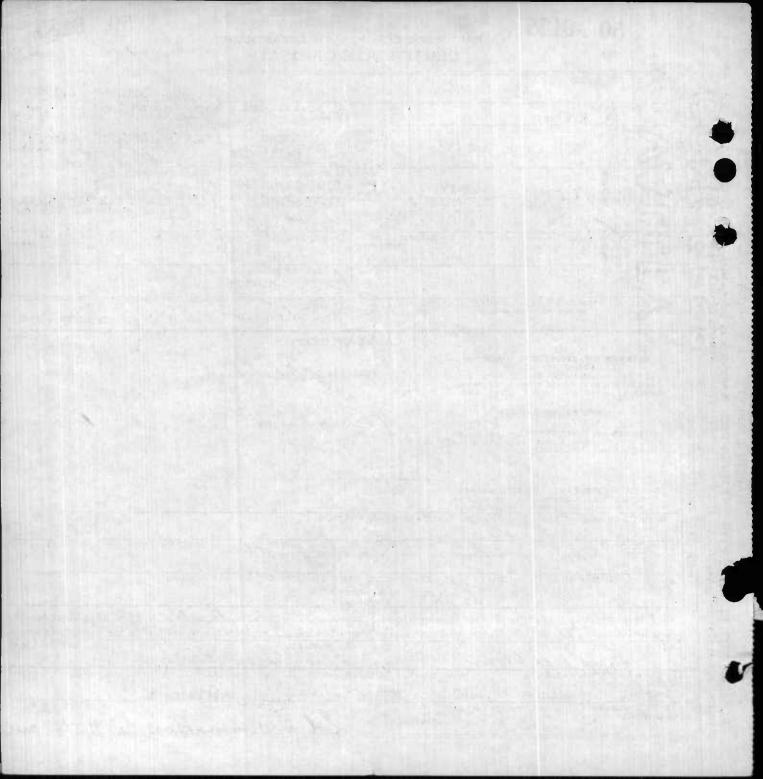


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9133 BALTIMORE

CITY	HEALTH	DEPARTMENT	
ICA	TE OF	DEATH	Registered No

1. NAME OF DECEASED (Type or Print) Sarah Brave 0F DEATH	October 23,1950				
A Raltimore City Maryland A. STATE B. COUNTY	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission				
B. FULL NAME OF (If not in hospital or institution, give street address or Maryland					
HOSPITAL OR INSTITUTION 5101 Gwynn Oak Ave Ealtimore 28	ate limits, write RUBAL and give township)				
c. Length of stay in Baltimore Yrs. Mos. Days D. STREET ADDRESS (If rural, give located by the stay in Baltimore) Stay in Baltimore	tion)				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, 8. DATE OF BIRTH 9. AGE (In y	ears Huder I Year Huder 24 Hours Months Days Hours Min.				
10A. USUAL OCCUPATION (Givekindof House Wife Business OR House Wife Russia 10B. KIND OF BUSINESS OR INDUSTRY Russia	12. CITIZEN OF WHAT COUNTRY				
13. FATHER'S NAME Unkown 14. MOTHER'S MAIDEN NAME Esther Solomon					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT Mr Louis Sagner 2606	ADDRESS Queen Anne Road				
	INTERVAL BETWEEN				
DISEASE OF CONDITION DIFFERENCE	ONSET AND DEATH				
LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Corsussy Husulous	2 weeks.				
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO					
교 등 기계가 가면 모든 이번 하고 있는데 가입니다 가입니다 하다니다. 내가 되었다. 그 전에 가입니다 맛이 되었다.					
Z ANTECEDENT CAUSES	logurs.				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.					
(c)					
OTHER SIGNIFICANT CONDITIONS CON- IN TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
	YES NO L				
2 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 2 1B. PLACE OF INJURY (e. g., in or labout home, farm, factory, street, office bldg., etc.) 1 NJURY OCCUR?	· City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?					
OF INJURY WHILE AT NOT WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deccased from Jesse , 19 %, to Octobre 3, 19%, that I last saw the					
deceased alive on 223, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above					
23A. SIGNATURE & Allivarty M.D. 2320 Entand Place	23c. DATE SIGNED				
	10/23/50				
24a. BURIAL. CREMA 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Cit. Burial October 25, 1950 Beth Tfiloh Cemetery Baltimore M					
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. EUNERAL DIRECTOR SOLL AUGUSTAL	ADDRESS//2/				
V\$ 150	9110				



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9136 50

BALTIMORE CITY HEALTH DEPARTMENT

BI	RTH NO.		C	ERTIFICAT	E OF DEATH	Registered	No.
	NAME OF D	John Alber	ct Weve	r		2. DATE OF DEATH OCT	ober ²³ .50
A.	PLACE OF D Baltimore (FULL NAME	EATH: City, Maryland238	S. Pa		4. USUAL RESIDENCE (A-STATE Md.		
	STITUTION			location)		f outside corporate lim	tits, write RURAL and give township)
C.	Length of s	tay in Baltimore	Lif	Yrs. Mos. Days	238 S. Patte	rural, rive location)	Ve
	Male	6.COLOR OR RACE White	7. SINGLE, WIDOWEL Marri	MARRIED. D. DIVORCED (Specify)	8. DATE OF BIRTH 8/9/1895	9. AGE (In years last birthday)	if Under I Year If Under 24 Hours Min.
work	done during most	CUPATION (Give kind of of working Me, aven Treeled)	108. KIND C	DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	d.	12. CITIZEN OF WHAT COUNTRY?
		Philip We	ver		Augusta Fran		
15 (Yes	. WAS DECEASE , oo or uoknowo) NO	D EVER IN U.S. ARMED (If yes, give wer or dates	FORCES? 1	security no.	17. INFORMANT Miss Alma Wev		ADDRESS Patterson Pk
ERTIFICATION	(This does heart failu injury or DISEASE: RISE TO TUNDERLY	EE OR CONDITION LEADING TO DEAT not mean the mode ore, asthenia, etc. It mean complication which complication which complication which complication which complication which complication conditions, is the above cause (a) ying condition to the complication of the complication condition of the complication condition conditions are conditionally conditions.	'H f dying, e.g., as the disease, aused death.) ES ANY, GIVING STATING THE ST.	(A) Mu DUE TO (B) Arter DUE TO Churce (C) Churce	is Delevole Hypical Horalan He	exturne CR	0 20 ys-
CER	TRIBUTING	TO THE DEATH, BUT	NOT RELATED				
AL	19A. DATE C	F OPERATION 1	9B. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
MEDIC		ENT WAS UNDER- R CONTRIBUTING DEATH		E OF INJURY (e. g., i a,fectory,street, office bldg.,		If in Baltimore City,	give exact location)
	21D. TIME (OF INJURY	(Month) (Day) (Year)	WHI	E. INJURY OCCURR ILE AT NOT WHILE ORK AT WORK		Y OCCUR?	
22. I hereby certify that I attended the deceased from deceased alive on 1931, to the 23, 1950 and that death occurred at 2 m., from the causes and on the date s							23c. DATE SIGNED
DA	Burial ATE RECEIVE	Oct. 27	50 P	arkwood Ce	Tay 25. FUNERAL DIRECTOR	lor Av. Ba	lto,Co.
LC	OCT 25	1950 Housti	stor Mi	lians, M. F.	Paul Al Heema	nn 6067 H	arford Rd.
	VS 150			2902	4	/3	12

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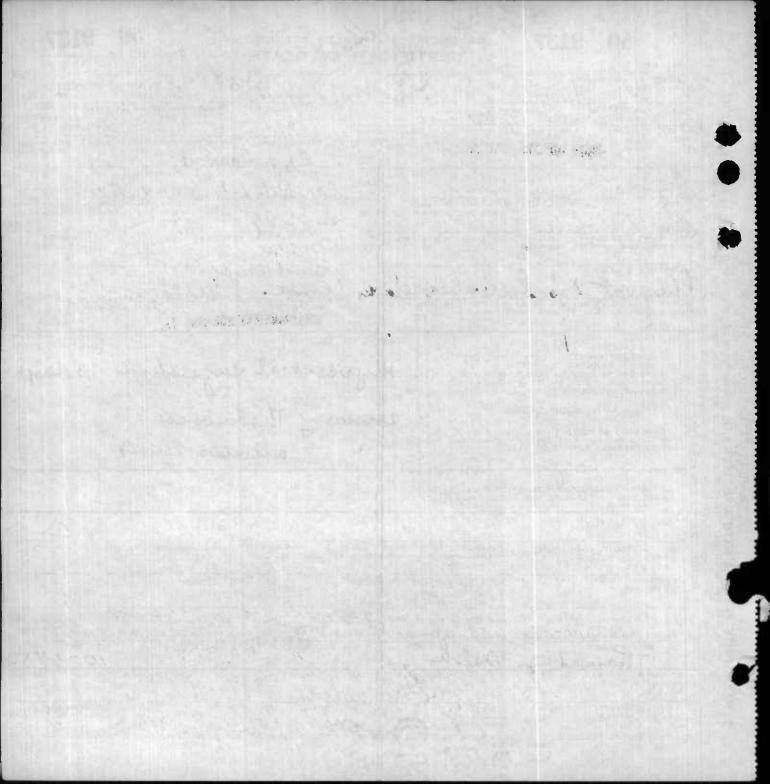
PLEASE WRITE PL INF, correct age is especially impo

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		50	913

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	9137
Registered No_	0101

В	IRTH NO.	L OI DEATH	
	NAME OF DECEASED Course Schelle	enberger 163678 2. DATE OF 23	1950
	Baltimore City, Maryland (PA) - 3	4. USUAL RESIDENCE (Where deceased lived, If insti	tution: residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address of	or Md. Dalten	1 do to Com
	OSPITAL OR IONES ROPKIRS EUSPITAL location	C. CITY OR TOWN (If outside corporate limits, wr	ite RURAL and give township)
	WHITE I'VE	ENG. COUNCIL,	(ownship)
	Yrs. Mos.		
	Length of stay in Baltimore Days	OAK Rd. YHICKOPY HV	e.
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (In years if Under last birthday) Months	
1	emale white S.	3-6-87 6/	
Pror	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTR		CITIZEN OF WHAT COUNTRY?
1	Luguet Dellenberger	14 MOTHER'S MAIDEN NAME	Post
15 (Ye	5. WAS DECEASED EVER IN V. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDR	ESS
	18. 420.1 CAUSE		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	jocardial Infareline	3 Days
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
Z	ANTECEDENT CAUSES	mary Thruboses	
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	4	•••••••••
AT	UNDERLYING CONDITION LAST, (C)	arterios clusis	
FIC			
FA	OTHER SIGNIFICANT CONDITIONS CON-		
E O	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY7
CAL	2		YES NO
EDIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, etreet, office bldg CAUSE OF DEATH		exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from 10		at I last sam the
	deceased alive on 10 -23 - , 19 50, and that death occ	urred at 1/20 pm from the eauses and on the d	ate stated above
	23A. SIGNATURE	238. ADDHELSO NULLIN AUSTILL 2:	C. DATE SIGNED
	Thomas J. Walk M. D.		0-24.50
	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	EAY OR CREMATORY 240. LOCATION (City, town, or e	ounty) (State)
16	Burial 10/27/50 New bat	redral Ballinial	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25 FONERAL DIRECTOR AD	DRESS 2024
10	CT 25 1950 Tuestre of or Miliane Miles	Thilip Herry (ms) Orlean	up Det
	VS 150		31
		194	1



PLEASE

50 9138 LC 141637 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE BIRTH NO 1. NAME OF DECEASED Richard Samuel Harrison (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City Hospitals location)
4940 Eastern Avenue B. FULL NAME OF HOSPITAL OR INSTITUTION Yrs. Life Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED Male White WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR week done during most of working life, even if retired) INDUSTRY ing 13. FATHER'S NAME William Harrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, no or unknown) SECURITY NO. CAUSE (18. 20.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hyperte (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES RTIFICATION (B) DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED Pulomonary U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF MEDICAL 218. PLACE OF INJURY (e.g., in 21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) about home, farm, factory, street, office bldg., e 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE OF INJURY WHILE AT NOT WHILE! AT WORK WORK Sen 22. I hereby certify that I attended the deceased from deceased alive on 1, 1950, and that death , and that death occur 23A. SIGNATURE 2 2 age 24B, DATE 24c. NAME OF CEMETE 24A. BURIAL, CREMA-TION REMOVAL (Specify) correct Burial REGISTRAR'S SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

50 9138

	OF 10-21	i−5 0
4. USUAL RESIDENCE (WA. STATE Maryland	There deceased lived. If	before admission)
Baltimor	e Pari	ts, write RURAL and give towns (3)
	Jaylor 4	
Aug. 23, 1884	9 AGE (In years last birthday) Me	ff Under 1 Year If Under 24 Hours on the Days Hours Min.
11. BIRTHPLACE (State or for Maryland	reign country)	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NA Sally Ann Ma		
17. INFORMANT Records* Baltimer	sternayespi	DDRESS itals
OF DEATH		INTERVAL BETWEEN
nsive Arterioscle	rotic (Card	vascular Vears
		三国三、当人山
	,	
Emphysema Broncho	Pneumonia	Years
ATION		20. AUTOPSY?
ATION	Pneumonia f in Baltimore City,	20. AUTOPSY?
or 21c. WHERE DID (I	f in Baltimore City,	20. AUTOPSY?
ation or 21c. Where DID (Injury occur? D 21f. How DID INJURY 19 50 to 0c	f in Baltimore City,	20. AUTOPSY? YES NO give exact location)
or 21c. WHERE DID (Injury occur? ED 21f. HOW DID INJURY Et. 14 ,19 50 to 0c	t. 24, 195	20, AUTOPSY? YES NO give exact location)
or 21c. WHERE DID (Injury Occur? 21f. How DID Injury t. 14 ,19 50 to red at 1:20 AM, from t 38. ADDRESS 4940 Eastern Ave	t. 24, 195	20. AUTOPSY? YES NO give exact location) 0, that I last saw the the date stated above. 23c. DATE SIGNED 10-24-50 h, or county) (State)

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2 Box Onc. 1217 St. Peul J.



BALTIMORE CITY HEALTH DEPARTMENT

В	RTH NO.	E OF DEATH Registered No.	
1.	NAME OF DECEASED ype or Print) MALCOIM DENNIS GETCHELL	2. DATE OF Oct. 23, 1950	
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: reside A. STATE B. COUNTY before adm	
H	FULL NAME OF (If not in hospital or institution, give street address or SPITUTION US Marine Hospital location) Wyman Pk. Drive & 31st St.	c. CITY OR TOWN (If outside corporate limits, write RURAL a town	nd giv vnship
5	Length of stay in Baltimore 95 days Mos. Days	D. STREET ADDRESS (If rural, give location) 701 Brawley Avenue	H
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)		24 Hour: Min
orl	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) rdinary seaman Single 10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) Me. USA	
13	FATHER'S NAME Warren D. Getchell	14. MOTHER'S MAIDEN NAME Gladys Moulton	
15 (Ye	WAS DECEASED EVER IN U, S. ARMED FORCES? In no or unknown) (If yes, give war or detee of service) WW 2 Marine Corps 217-26-5094	17. INFORMANT ADDRESS Records - US Marine Hospital, Balto, N	ſd.
FICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Adhesi Opera	tinal obstruction 17 da on, postoperative, following Opera tion for regional ileitis with 7/22/5 ration & 8/7/50	tic
CERT	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ATION 20. AUTOF	26.73
CAL		s of small intestines YES	NO [
MEDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR WHILE AT NOT WHILE	injury occur?	n)
	22. I hereby certify that I attended the deceased from Jul deceased alive on 19to 23, 1950 and that death occur 23A. SIGNATURE John L. Wilson, Medical Director M. D.	y 20 19 50 0et. 23 , 19 50 that I last so red at 2:40 Am., from the causes and on the date stated 38. ADDRESS US Marine Hospital, Balto, Md. 10/23/5	abov GNE
	Burial 10/26/50 U.S. Name of CEMETE	RY OF CREMATORY 24D. LOCATION (City, town, or county) (State

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nportant.	nt. Physicians: please write the causes of death clearly and legible	please	write t	he cau	ses of	death	clearry	anc	l legibra	F.				1

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1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH:
A. Baltimore City, Maryland 3 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY A. STATE before admission) (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write RURAL and give INSTITUTION ALL Yrs. D. STREET ADDRESS (If rural, give location) 30 Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 9. AGE (In years If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) WHAT COUNTRY? INDUSTRY roduce 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, p) or unknown) (If yes, give war or dates of service) 16. SOCIAL (Yes, po or unknown) SECURITY NO. NO CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY restensive C-V LEADING TO DEATH usaro (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Ī. (C) .. 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION EDICAL 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE AT WORK 194 by october 19 50 that I last saw the 22. I hereby certify that I attended the deceased from. RITE is espe deceased alive on rether 23, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above. 23c, DATE SIGNED 238. ADDRESS 23A. SIGNATURE morriol. 410 (City, town, or county) BURIAL, CREMA-24C, NAME OF CEMETER' TION REMOVAL (Specify) correct DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL ADDRESS 25. LOCAL REGISTRAR VS 150

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

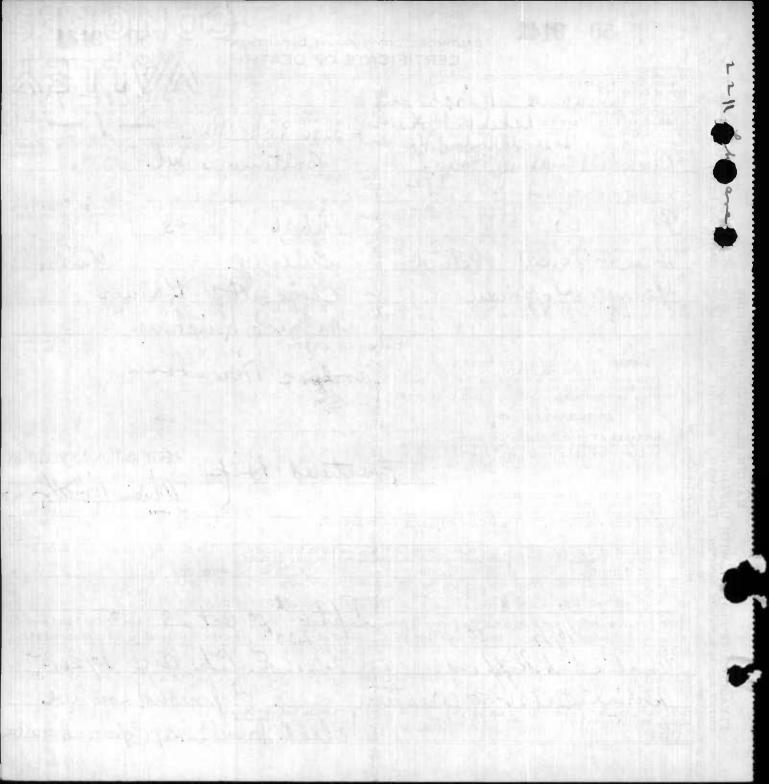
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ı	BIRTH NO.		
	1. NAME OF DEC (Type or Print)	LASE	
l	a. Baltimore City	гн: 7, М	aryland B
	B. FULL NAME OF HOSPITAL OR INSTITUTION	ll o	40 18 (P.
	c Langth of stan	in l	Raltimore

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 9141

BIRTH NO.	
1. NAME OF DECEASED (Type or Print)	2. DATE OF DEATH QUE 3 - 1950
A. Baltimore City, Maryland Benefit of Maryland B. FULL NAME OF (If not in hospital or, institution, give street address of	A. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, rive street address or HOSPITAL OR HOSPITAL OR Location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Seech Bell Murany Holles	o. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Mos. Days	
6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years li under I veet Months: Days Hours Min. 9. AGE (In years Minder I veet Months: Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) House Wife Self Policy Control of the self of	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAINEN NAME
offer of offman	Clinabetto Hainer
15. WAS DECEASED EVER IN U. S. ApMED FORCES? (Yes, no or nnhoown) (If yes, give was of dates of service) 16. SOCIAL SECURITY NO.	Mr Grob Richard
18. E 902, 0 , CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND OBATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1. Thom hous
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	THE TOWN
ANTECEDENT CAUSES	
O DISEASES OR CONDITIONS, IF ANY, GIVING	
UNDERLYING CONDITION LAST.	CERTIFICATION APPROVED BY
OTHER SIGNIFICANT CONDITIONS CON-	ctured 14p
C OTHER SIGNIFICANT CONDITIONS CON-	William Oportor M. D.
	RATION 20. AUTOPSY?
	YES NO X
Z1A. ACCIDENT. SUICIDE. HOMICIDE (Specify) accident 21B. PLACE OF INJURY (e. g., i about home, farm, factory, atreet, office bldg., home	
210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
September 13, 1950 5 pm. WHILE AT NOT WHILE AT WORK	X Fell-Hrom chair, to floor
22. I hereby certify that I attended the deceased from	
	red at 1.30 m., from the causes and on the date stated above.
23A. SIGNATURE O Shoph and M. O.	236. ADDRESS & Sake and 10/26/50
24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 24D. LOCATION (City, town, or younty) (State)
Oscarial Of 16-50 Western	Comone sou live
DATÉ RECEIVED BY REGISTRAR'S SIGNATURE	Plan P. Towell 1497 Colourus soulus
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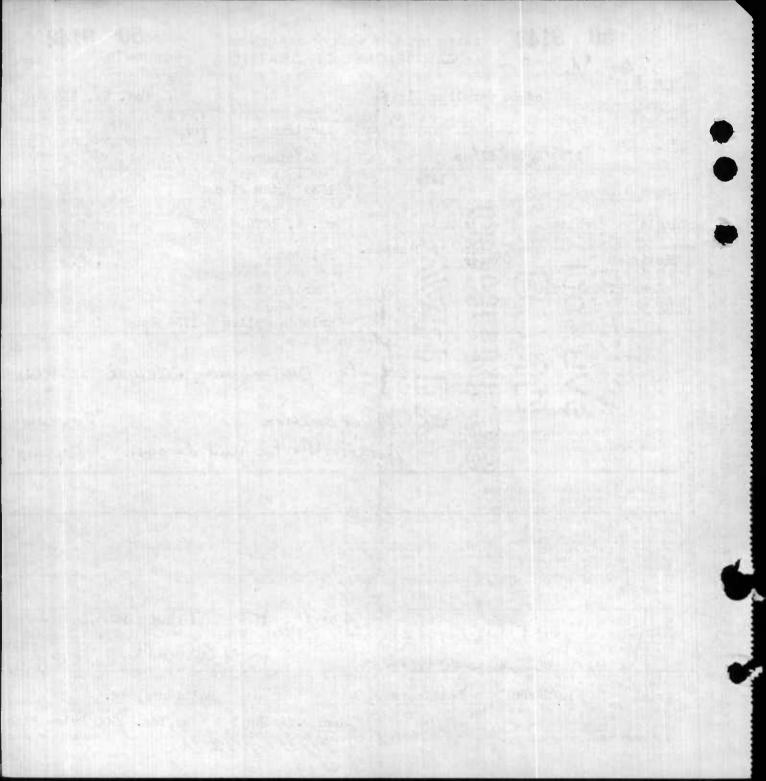
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BALTIMORE CITY HEALTH DEPARTMENT

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В	RTH NO.			CERTIFICATI	E OF DEATH	registered 1	10.
1.	NAME OF D					2. DATE. OF	
			e Caro	line Ulrich		DEATH UCT.	
	Baltimore (City, Maryland			4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	institution: residence before admission)
В.	FULL NAME		al or institut	ion, give street address or		none	
	ISTITUTION	1739 Euts	W Place			If outside corporate limit	s, write RURAL and give township)
	10	1700 1000	W I Lac		Baltimore	14-0	
				life Yrs. Mos.	D. STREET ADDRESS (
	Length of s	tay in Baltimore 6. COLOR DR RACE	7 CINCI	Days E. MARRIED,	1739 Eutaw Pla		(A) A TV (A)
			WIDOV	(ED, DIVORCED (Specify)		last birthday) Mo	onths Days If Under 24 Hours Min.
	emale	white	S	ingle	Oct. 4, 1875	75	
WOL	dooe during most	worklog life, even if retired)	Childre	of Business or	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	dietitia FATHER'S N	n	Center		Baltimore		U. S.
13					14. MOTHER'S MAIDEN	NAME	
-		. Ullrich			Marie ?		
(Ye	, no or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		DDRESS
_					Carlotta Heller	1739 Eutaw	
	18. 420	10 1		CAUSE	OF DEATH		INTERVAL BETWEEN DNSET AND DEATH
	DISEAS	E OR CONDITION	DIRECTLY	1	, , /		
	(This does	not mean the mode of	f dying, e. 1	. (A) Acut	e pulmou	ary edemo	2 35 Mins
		re, asthenia, etc. It mea complication which c		e, i.) DUE TO	e pulmou	0	
		ANTECEDENT CAUS	ES	11	, ,		
z			THE TAX	(B) Hyhe	rtension		30 years.
은	RISE TO T	OR CONDITIONS, I	STATING TI	IG LI	. 11. 1.1	4 4 .	
Y	UNDERLY	ING CONDITION LA	ST.	(c) Artser	rtension iostlerotic hea	utanease	2 years
RTIFICATION							
E	OTHER S	II IGNIFICANT CONDI	TIONS CO	4.			11 1179,005
CEF	TRIBUTING	TO THE DEATH, BUT	NOT RELATI	D			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
CAL		0					YES NO
EDIC	21A. ACCID LYING OF CAUSE OF	ENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		(If in Baltimore City, 1	give exact location)
Σ		(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJU	RY OCCUR?	
	OF INJURY		m.	WHILE AT NOT WHILE			
	22 7 4 2 2			WORK AT WORK	1/44/ 104/	Oct-hor in	that I last saw the
		y certify that I att	ended the	and that death occur		• -	
	deceased at		191C).		3B. ADDRESS 10 AY	P A	he date stated above.
	AP	en title	June	- (-	120	contain 1.1.	2504 1917
24	A. BURIAL,	REMA- 248. DATE			RY OR CREMATORY 240.	LOCATION (City, town,	or county) (State)
TIC	on, REMOVAL (S burial	10/26/50		Baltimore		Baltimore, M	d.
D.	ATE RECEIVE	D BY REGISTRAR		JRE	25. FUNERAL DIRECTOR	1	ADDRESS
[OCAL REGIST		liveton	Williams N. #	John O.Mitchell	& Sons, Inc1	900 Eutaw Plac
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	BII	RTH NO.	50	9143	} BA			EALTH DEPARTME OF DEATH		Regis	50 tered No_	9:	143
		NAME OF Dope or Print)	ECEASE	ORESTE	TA	LUCCI				2. DATE OF DEATH	Octobe	r 24	1950
	Α.	PLACE OF D Baltimore (City, Ma		.523 Ra	lworth	Rd.	4. USUAL RESIDER	NCE (Whe		lived, If inst	itution:	
	HC	SPITAL OR STITUTION	OF (1	I not in nospi		ition, give su	location		(lf ou	tside corpor	ate limits, w	rite kluf	tAL and give township)
							Yrs. Mos.	D. STREET ADDRES			ation)		
		Length of s			1 7 611161	E. MARRIE	Days	1523 Ralwo			years # Unde	1 Voor	IJ Under 24 Hours
0		Male	Whi		Marr	ied DIVO	RCED (Specify	November 14	1884	last birth	day) Months	Days 10	Hours Min.
		doneduring most)	or Shop	INDUSTRY	Chieti Ita		ign country	#E.J. 111	WHAT U.S.	N OF COUNTRY?
	13.	FATHER'S	NAME					14. MOTHER'S MAI		1E			
		Gius	eppe	Talucci				Olimpia Po	ggi				2100
1	15 (Yes	WAS DECEAS	ED EVER	IN U, S. ARME	D FORCES?	16. SOC	URITY NO.	17. INFORMANT			ADDF	RESS	
2	` _					212-0	3-3679	Lucy Talucc:	i (Wi	fe) 15	23 Ralw	orth	Rd.
3		18. 58	1.0				CAUSE	OF DEATH	n.				AL BETWEEN
200		(Thia doe heart faile	LEADI: s not mea	CONDITION NG TO DEA an the mode nia, etc. It me ation which	of dying, e ans the dise	ase, (A)	, He	PATITIC	CIRI	Rhos	ies	15	mos.
	-		ANTEC	EDENT CAU	SES								
D. pred	ERTIFICATION	RISE TO	THE ABOY	NDITIONS, VE CAUSE (A ONDITION I) STATING		тр			******			
lan	F			11		_(C) — .	,					
rigan	CERT	TRIBUTIN	G TD THE	CANT CONE E DEATH, BUT OR CONDITION	NDT RELA	TED							
•		19A. DATE					GS OF OPE	RATION				Г	UTOPSY7
or calle	EDICAL	21A. ACCID HOMICIDE			21B. Pi about home	LACE OF IN	NJURY (e. g., street, office bldg.	in or 21C. WHERE DI etc.) INJURY OCCUP		in Baltimo	re City, give	exact l	ocation)
ally true	Σ	21D. TIME OF INJURY	(Month)	(Day) (Yea:	r) (Hour)	21E. INJU	NOT WHILL		INJURY	OCCUR?			
especia		22. I herel	by certi	2that I a	ttended th	n Janagan	from Hu	9-10 - 1950 rrcd at 5 15 Pm.,	from the	causes a	1950, t	hat I le	ast saw the
S IS		23 N. SVENT		1y 7.	Car	10330		5217 YOK	eK T	Rd	2	3c. DA	s:50
20	24 TIO	A. BURIAL.	CREMA- Specify)	4B. DATE		PAZNAM	E OF CEMET	ERY DR CREMATORY			ity, town, or		(State)
าวล		Burial	Y	Octobe	r 27/50	Holy	Redeeme	Cemetery		Belair	Rd. Ba		
COLL		TE RECEIVE CAL REGIS		REGISTRA		William	US MOTO	Frank O	ella	hoes	A H	igh i	

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mportant.	Physicians: 1	please	ns; please write the causes of death clearly and legibly.			5	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 9144 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) GARRETT GOLDER DEATH Oct. 23, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1130 Woodvear St. township) Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 1130 Woodvear St. c. Length of stay in Baltimore Davs 9. AGE (In years of Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) 6-29-50 7-14-47 5. Colored 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME Baltimore 14. MOTHER'S MAIDEN NAME William GOLDER Beatrice Holland 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yos, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. none GOLDER 1130 WOODFEA 18. CAUSE OF DEATH ONSET AND DEATH SE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Interstitial pneumonitis heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (8) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-INJURY OCCUR? UTING CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WORK Autopsy ^{22.} I certify that I took charge of the remains described above, held an $_$ thereon and from Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes M, accident [], suicide [], homicide [], undetermined []. 23c. DATE SIGNED 23A. SUMNATURE 23B, CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER Lan M.D. MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) Z4A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 248. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR tor Helianus M. 72 1220



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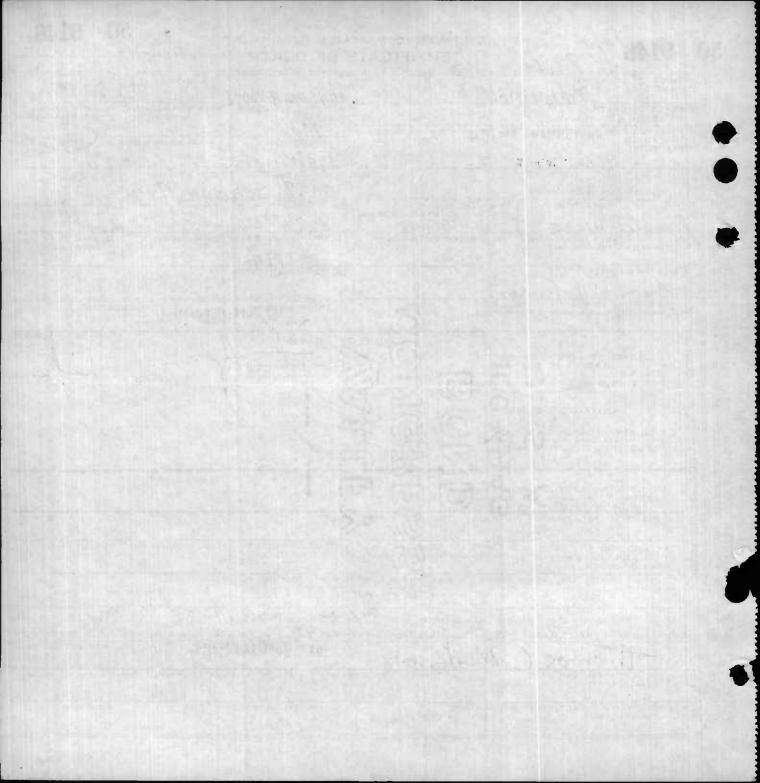
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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	pe or Print)	19		2. DATE	10 105.
	PLACE OF DEATH:	Downer	USUAL RESIDENCE (W		
	Baltimore City, Maryland ULL NAME OF (If not in hospital or institution	n, give street address or	(A) STATE	B. COUNTY	before admission)
HO	SPITAL OR	location)		utside corporate limits,	
2	LOURS HOPKIES HOSPITAL		Baltimus	9, 7.	township)
	WHILE	Yrs. Mos.	D. STREET ADDRESS (If r	ural give location)	huter
	Length of stay in Baltimore	Days	9085hm	ler)1,	
5. 5	6. COLOR OR RACE 7. SINGLE. WIDOWE	MARRIED, D, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years HU last birthday) Mont	hs: Days Hours Min.
		ryle.	10-15-50		14 1
work	lone during most of working life, even if retired	OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or for	eign country) 1	2. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14 MOTHERIS MAIDEN NO		
	V ' . P		14. MOTHER'S MAIDEN NA	ME	
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL			
(Yes,	no or unknown) (If yes, give war or dates of service)	SECURITY NO.	17. INFORMANTS ROPKIN	S HOSPITAL ADI	DRESS
	18. 77/ /	CAUSE	OF DEATH		INTERVAL DETWEEN
	DISEASE OR CONDITION DIRECTLY	n			ONSET AND DEATH
	(This does not mean the mode of dying, e.g.,	(A)	emolurchy		Leso.
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	+		1
	ANTECEDENT CAUSES				
z	PIGE LOSS OF COMPLETIONS	(B)		•	
E	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	DUE TO			THE REAL PROPERTY.
CA	UNDERLYING CONDITION LAST.	(C)		***************************************	
RTIFICATION	11				
	OTHER SIGNIFICANT CONDITIONS CON-				
S -	TO THE DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. MAJOR F	INDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDENT WAS UNDER- 21B. PLAC	E OF INJURY (e. g., i	o or 21c. WHERE DID (If	in Baltimore City, giv	YES NO L
		m, factory, street, office bldg.,			
	21D. TIME (Month) (Day) (Year) (Hour) 21	E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	WH	ILE AT NOT WHILE			
	m. I v				
-		eceased from	0-15 1950 to 1	1-19 1950	that I last sam the
-	22. I hereby certify that I attended the d	occurred j		0-19, 1950, e causes and on the	
	22. I hereby certify that I attended the d	nd that death occur		0 - 17, 1950, e causes and on the	
	22. I hereby certify that I attended the deceased alive on 10-19, 19.50, checked	od that death occur	rred at 520 km., from th	e causes and on the	date stated above. 23c. DATE SIGNED
	22. I hereby certify that I attended the deceased alive on 10-19, 19.50, chestaroke	od that death occur	erred at 520 km., from th	e causes and on the	date stated above. 23c. DATE SIGNED





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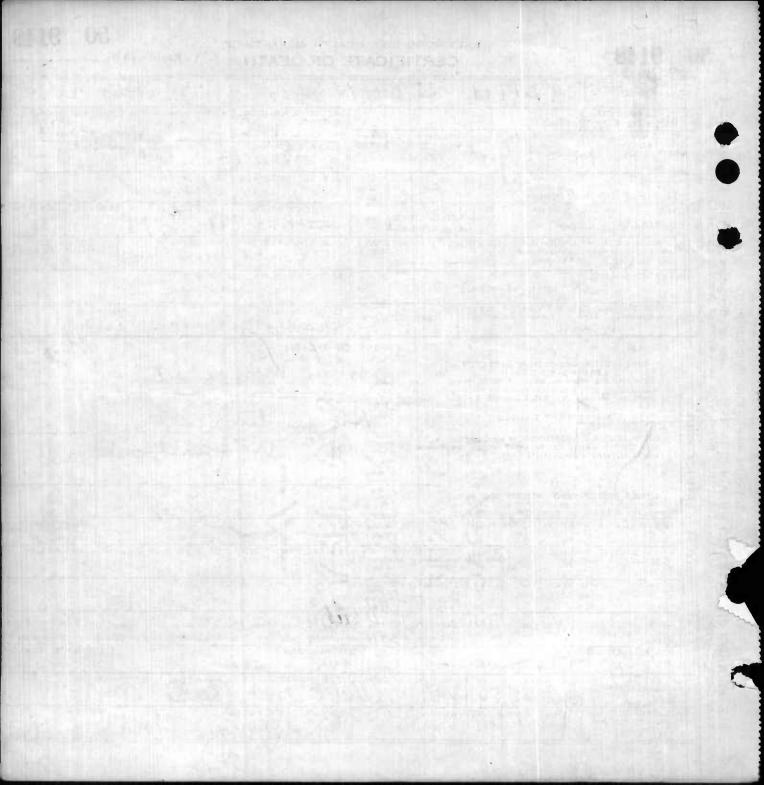
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D	R9147				E OF DEATH	NT Segistered No.	0 9147
BI	RTH NO.	50-2194	8	CERTIFICATION I	IL OI DEATH		
	NAME OF D	Baby Girl	Peaks	Bertha "B"		2. DATE OF DEATH Oct.	21, 1950
A.	PLACE OF D Baltimore (City, Maryland			A. STATE	E (Where deceased lived. If ins	stitution: residence before admission
B. HO	FULL NAME OSPITAL OR STITUTION	of (If not in hospit Baltimore Cit	al or instituti	on, give street address tals location	Maryland c. CITY OR TOWN	(If outside corporate limits,	
17		4940 Eastern	Avenue		Baltimore	1-	O7 township
c.	Length of s	tay in Baltimore	Li	fe Yrs. Mos Day		(If rural, give location) shington Street	
-	Female	6. COLOR OR RACE Negro	7. SINGLE WIDOW Si	MARRIED. ED, DIVORCED (Specif ngle	8. DATE OF BIRTH Oct. 15, 1950	9. AGE (In years Mont	der I Year hs Days Hours Min.
work	A. USUAL OC done during most	CUPATION (Give kind of of working life, even if retired)	108. KIND	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country) 12	WHAT COUNTRY
13	. FATHER'S	VAME			14. MOTHER'S MAIDE	N NAME	
		Oakley Peaks	3		Bertha F	ord	
15 (Ye	. WAS DECEAS s, no or unknown)	ED EVER IN U.S. ARME (If yes, give war or date		16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C.	H. 4940 Eastern	RESS
	18. 765	2.5		CAUSE	OF DEATH	1710 20021	INTERVAL BETWEEN
		SE OR CONDITION LEADING TO DEA s not mean the mode	TH	Feta	1 Atelectasis		6 Days
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
7		ANTECEDENT CAU	SES	Pre	maturity		6 Days
ERTIFICATION	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	STATING TH				
F				(C)			
RTI		II SIGNIFICANT COND G TO THE DEATH, BUT					
Ü	TO THE E	DISEASE OR CONDITION	CAUSING I	т			
AL	19A. DATE (of operation y	19B. MAJOR	FINDINGS OF OP	ERATION		YES NO
IEDICAL	ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		CE OF INJURY (e. g arm,factory,atreet,office bld		(If in Baltimore City, giv	e exact location)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year	1	VHILE AT NOT WHILE	E	JURY OCCUR?	
	22. I hereb	y certify that Lat	tended the	deceased from 1	.0-15 , 19 50 to	, 10-21 , 150 ,	that I last saw th
	deceased a	live on 10-21	1950,	and that death occ	urred at 1 P m., fre	om the causes and on the	
	23A. SIGNA	TURE . C.	loge	M. D. 4	940 Eastern Aver	nue	23c. DATE SIGNED 10-24-50
2.	AA. BURIAL, ON REMOVAL (S	CREMA: 248. DATE		24c. NAME OF CEME	TERY OR CREMATORY 24	D. LOCATION (City, town, or	county) (State)
	Cremati	on 10-23-	50 E	C. H. Crer	atory B	altimore, Marylar	nd
	ATE RECEIVE	D BY REGISTRAR	'S SIGNATU	RE	25. FUNERAL DIRECT	OR A	DDRESS
	007 0-	1950 muliu	MADE IN	liaille Miso	9 4 5		

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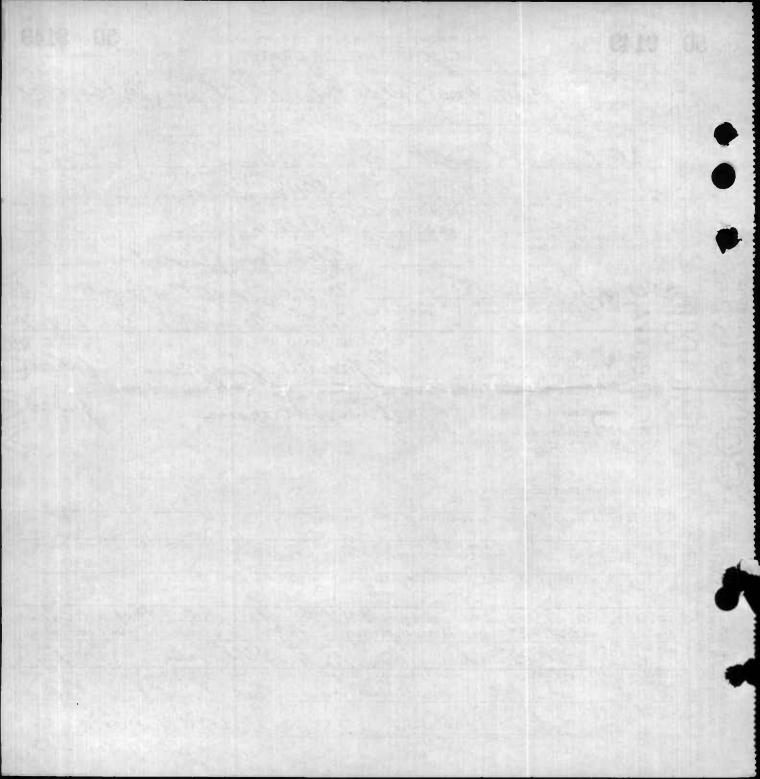
ly	
MARGIN RESERVED FOR BINDING INFADING INK. Every item of information shall be cally. Physicians: please write the causes of death clearly and legibly.	
MARGIN RESERUNFADING INK. Physicians: please	
PLEASE WRITE PLAINT, WITH UNFADING INK. Every item of information sh correct age is especially important. Physicians: please write the causes of death clearly	

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE & DITH (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limit, write RURAL and give INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9 AGE (In years | H Under | Year | If Under 24 Hours | last birthday) | Months: Days | Hours | Min. 8. DATE OF BIRTH WIDOWED, DIVORSED (Specify) mellie 10A. USUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life even if retired) INDUSTRY WHAT COUNTRY? mune (0) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or npknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO arles 12 4) INTERVAL BETWEEN 18. 442 X CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH MO (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CA 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) EDI INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 22. I hereby certify that Lattended the deceased from LA 1950 that I last saw the C4 1919 and that death occurred at m., from the causes and on the date stated above. deceased alive on 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-24c. NAME OF CH TION. REMOVAL (Specify) DATE RECEIVED BY FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR hundre from There and the VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO.	CERTIFICAT	E OF DEATH	Registered 1	No.
	NAME OF DECEASED ype or Print)	to Mary Helda	Bussell 10.	SP DATE OF DEATH	124 1956
Α.	PLACE OF DEATH: Baltimore City, Maryland 50	I E. Chase St	4. USUAL RESIDENCE		institution: residence before admission)
HC	FULL NAME OF (If not in hospital of STITUTION)	or institution, give street address or location)	c. CITY OR TOWN	(If outside corporate lilni	write AUKA, and give township)
7	Minus	Yrs.	D. STREET ADDRESS	(If paral, give location)	
	Length of stay in Baltimore	3 Upo Mos. Days	3016.6	ease It	
5.	5 Color or RACE 7	V. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	Sept. 13. 1870	9. AGE (In years last birthday)	onths Days Hours Min.
	done during most of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME D		14. MOTHER'S MAIDEN	MAME	oua,
	Henry 1. Jus	ull	Emily Ja	ne march	lus
Yes	. WAS DECEASED EVER IN U. S. ARMED F s, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL SECURITY NO.	mether M.J.	erese (S. P. 50	DDRESS 11 & Chase St
	18. 422.1	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of the chart failure, asthenia, etc. It means injury or complication which cau	dying, e. g., (A)	rendial The	sufficiency	bundt
_	ANTECEDENT CAUSES	4.4	nie Acleron	ies	yean
CATION	DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST	TATING THE OUE TO			
ERTIFIC	OTHER SIGNIFICANT CONDITI				
LC	19A. DATE OF OPERATION 19B	MAJOR FINDINGS OF OPER			20. AUTOPSY?
DICA	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
ME	210. TIME (Month) (Day) (Year) (E	four) 21E. INJURY OCCURR	And the second s	JRY OCCUR?	
		m. WORK AT WORK	101	and Tille	>
	deceased alive on OCC 23 4		, 1990, 10		\geq , that I last saw th he date stated above
	23A. SIGNATURE		15 6 Bill		
24 TK	4A. BURIAL, CREMA- ON REMOVAL (Specify) Off. 26/3	24C. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City, town	or county) (State)
	ATE RECEIVED BY REGISTRAR'S	70000	25. FUNERAL DIRECTO	10000.00	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

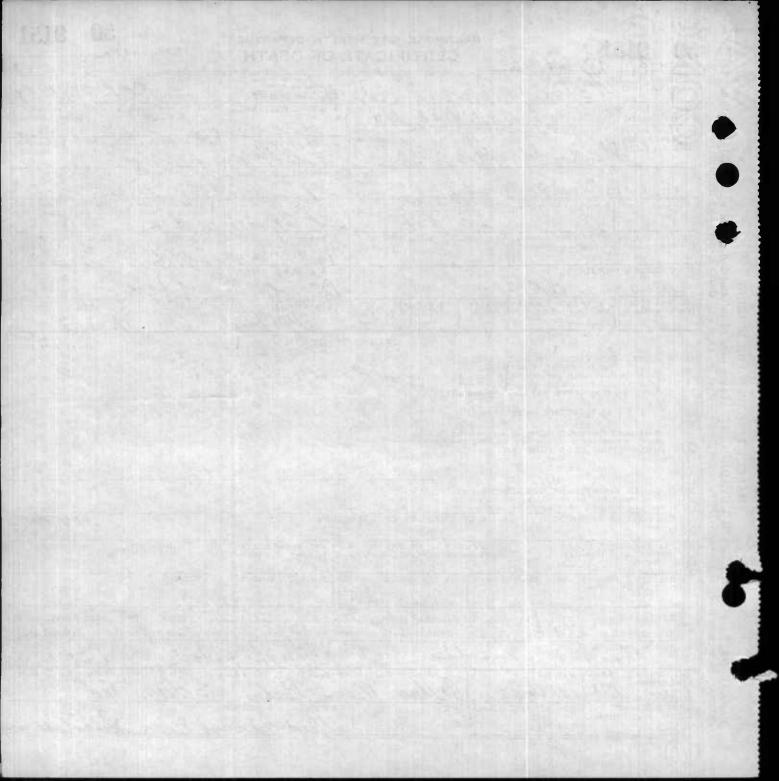
BIRTH NO. 50-21830	OZICTII TOTCI	2 01 02/11/1	/\	
1. NAME OF DECEASED (Type or Print)	CLAUDIA	ROSTEK	of Oct.	24, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital)	Low institution, give street address on	4. USUAL RESIDENCE (B. COUNTY	institution: residence before admission) ltimore
HOSPITAL OR INSTITUTION Baltimore Ci	location)	c. CITY OR TOWN (I	f outside corporate limits	
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (II		5300
5. SEX 6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 0ct. 4 - 1950	9. AGE (In years Mor	Under 1 Year If Under 24 Hours nths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Daniel Rostek	b	14. MOTHER'S MAIDEN N	Jaskuls	ka
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) (If yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	Daniel Rostek	3411 Solbers Pt	DDRESS L. Red,
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which es ANTECEDENT CAUS: ANTECEDENT CAUS: DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAST UNDERLYING CONDITION LAST CONDITION TRIBUTING TO THE DEATH, BUT IT TRIBUTING TO THE DEATH, BUT IT TRIBUTING TO THE DEATH, BUT IT	as the disease, one of a consecutive of	nital heart disea	c stenosis	
TO THE DISEASE OR CONDITION		ATION		20. AUTOPSY?
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	218. PLACE OF INJURY (e. g., li about home, farm, factory, street, office bldg., e		(If in Baltimore City, g	YES Y NO live exact location)
21D. TIME (Month) (Day) (Year) (OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJUR	Y OCCUR?	
and death in my opinion	ge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	nquiry, find that said a \(\sum_{\overline{\o	leceased died on the	$ndetermined \square$.
23A. SIGNATURE		238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGA	TOR	. 25, 1950
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	-50 Holy Ro	Sary 240. L	Lastro a	or county) (State)
DATE RECEIVED BY REGISTRAR'S LOCAL REGISTRAR	11/11.	125. FUNERAL DIRECTOR	wski 2007	ADDRESS 2
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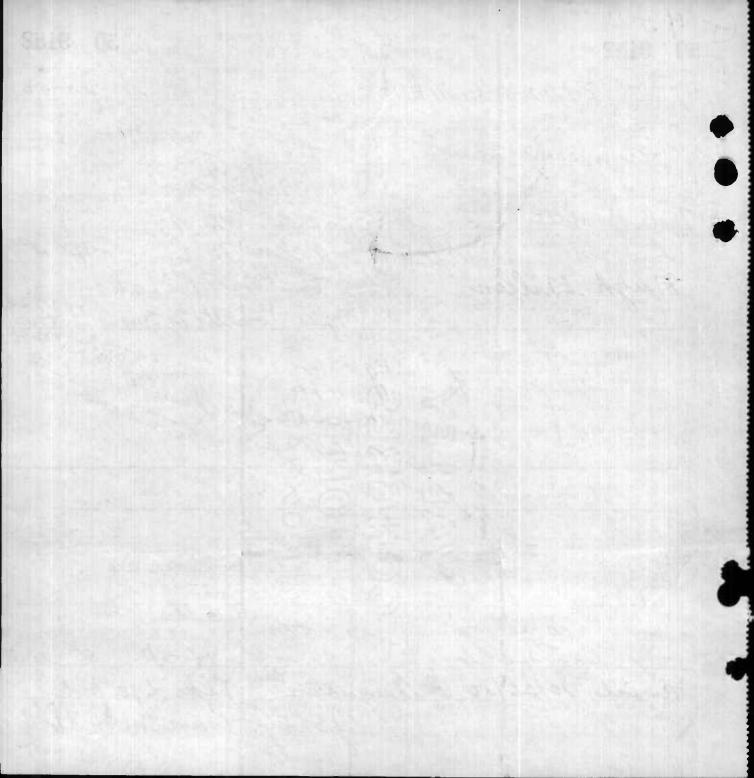
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 3. PLACE OF DEATH A. COUNTY before admission) A. STATE A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, sive street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION ti MOKE (If rural, give location) YAS. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Davs 9. AGE (In years If Under 1 Year Hours Min. If Under 24 Hours 5. SEX 6. COLOR OR RACE SINGLE, MARRIED WIDOWED, DIVORCED (Specify) NFANT 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR LACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY information s of death cle 13. FATHER'S NAME 60 MG E 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) 16. SOCIAL ADDRESS SECURITY NO. causes of INTERVAL BETWEEN Every item write the cau CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. ERTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION important EDICA (If in Baltimore City, give exact location 21c. WHERE DID 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218, PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY RITE PL NOT WHILE WHILE AT AT WORK WORK 1900, to CF25, 195, Phat I last saw the 22. I hereby certify that I attended the deceased from Let and that death occurred at 12:34m., from the causes and on the date stated above. deceased alive on 19 25 19 23c. DATE SIGNED 23B. ADDRESS 23A. SIGNATURE ASE Russ 24B, DATE BURIAL. CREMA REMOVAL (S PLEAS Duricy 25. FUNERAL DIRECTOR DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR mulle 101

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	HC		ddress or location) C. CITY OR TOWN (If outside corporate limits, w	rite RURAL and give
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Ever. write		heart failure, asthonia, ctc. It means the disease,	uremin Continue	EXAMINER
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ING ING	CAI	UNDERLYING CONDITION LAST.	r. left femur	
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LT, WITH	DIC	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING ATTAIL TO THE LONG	Y (e.g., in or 21c. WHERE DID (If in Baltimore City, give Harford Rd.	
mpo	ME	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY O	Harford Convalescent Home	27/2
ally		OF INJURY WHILE AT N	or white Fell to floor	
PL. ecia		22. I hereby certify that I attended the deceased from	m 9-28, 19500 10 -23, 1950t	hat I last saw the
ITE		deceased alive on 70 -23, 19 50 and that deat	h occurred at 4:15 P.m., from the causes and on the	date stated above.
WRITE PL ge is especia		K.C. assaulding h.	M.D. Um. Hosp.	10-2300
PLEASE WI	TIC	AA. BURIAL, CREMA- ON REMOVAL (Specify)	CEMETERY OR CREMANARY 24D. LOCATION (City, town, or	county) (State)
LEA		ATE RECEIVED BY REGISTRAR'S SIGNATURE	26. FUNEJAL DIRECTOR	DDRESSO / 1.
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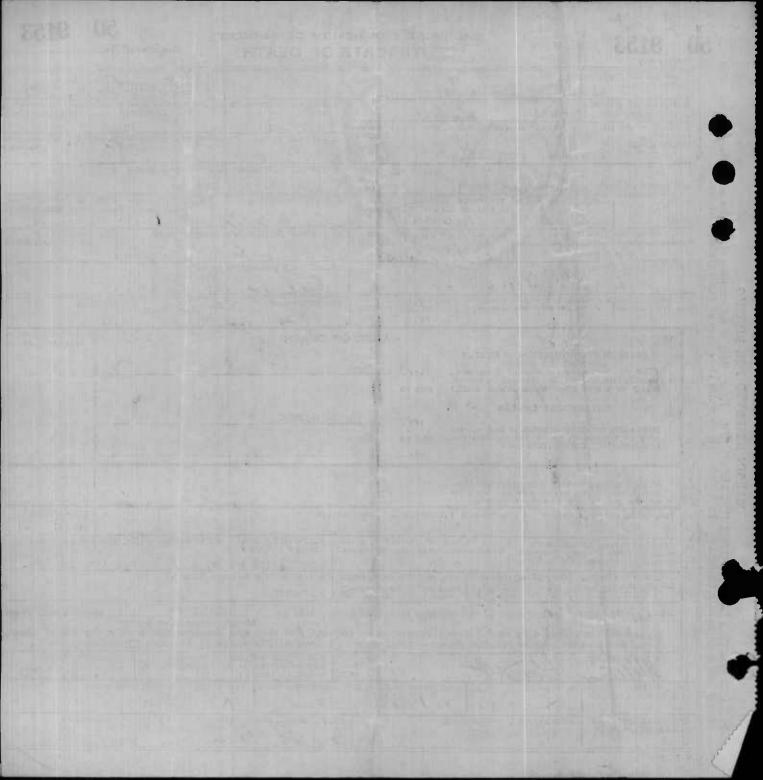
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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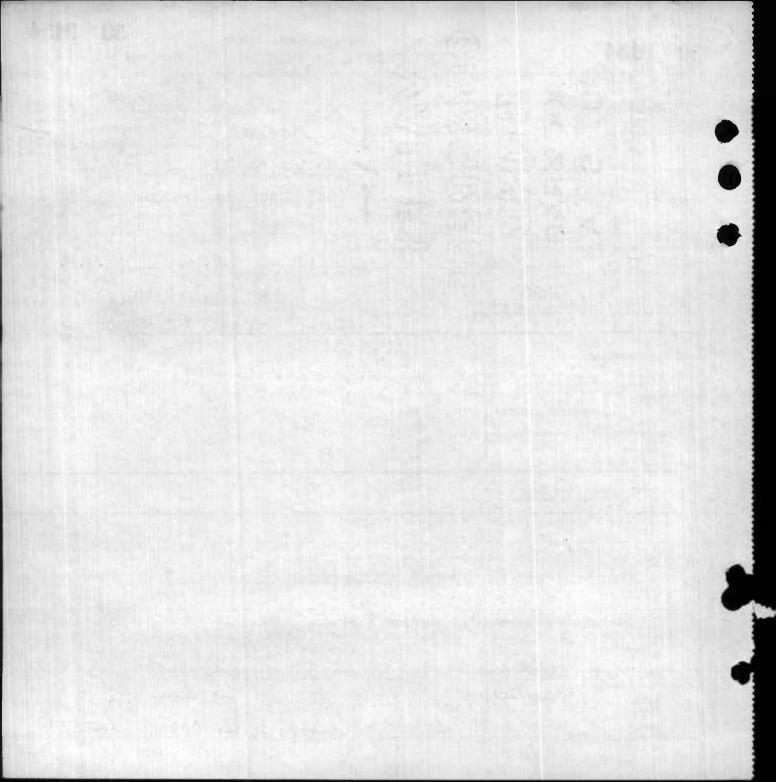
BIRTH NO.	CERTIFICATI	OF DEATH	registered r	
	TEAGUE		2. DATE OF DEATH Octob	
a. Baltimore City, Maryland B. FULL NAME OF ('f not in hospi	tal or institution, give street address or	4. USUAL RESIDENCE (WA. STATE Maryland	here deceased lived. If s. COUNTY	institution: residence before admission
HOSPITAL OR INSTITUTION Provident H	location)		outside corporațe limi	s, write RUBAL and give township
	Yrs. Mos.	D. STREET ADDRESS (If		
5. SEX 6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year If Under 24 Hours nths Dnys Hours Min.
male colored 10A. USUAL OCCUPATION (Give kind o work done during more of working life, even if retired	1 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	preign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME LUCIL JE 15. WAS DECEASED EVER IN U. S. ARME	ague D FORCES? I 16. SOCIAL	14. MOTHER'S MAIDEN NA	milh	
(Yes, no or unknown) (If yes, give war or dat	SECURITY NO.	17. INFORMANT Elle	Woon and	DDRESS
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Z DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	(B) Left he (B) Left he (B) Left he	emothorax		
OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
U 19A. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER			YES X NO
Z1a. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB UTING CAUSE OF DEATH 21b. TIME (Month) (Day) (Year OF INJURY UCTOBER 23, 1950	Cafe (Hour) 21E INJURY OCCURRE	Dreamland Cafe 21f. How DID INJURY		
22. I certify that I took cha	rge of the remains described a said Autopsy, Inspection or I resulted from: natural causes	Autopsy, Inquiry, find that said de	, homicide X u	ndetermined [].
23A. SIGNATURE 24A. BURIAL, CREMA-, 24B. DATE		238 CHIEF MEDICAL E ASSISTANT MEDICAL I D. MEDICAL INVESTIGAT RY OR CREMATORY 24D. LC	OR O	ct. 24, 1950 or county) (State)
TION, REMOVAL (Specify) art 2	8.50 mit Calmy	Cant 1.	A Gomel	
	'S SIGNATURE	25. FUNERAL DIRECTOR	1/60- 1084	ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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The (EALTH DEPARTMENT E OF DEATH Registered No.	9154
plied. T	1. NAME OF DECEASED (Type or Print) John Cobb	2. DATE OF DEATH IO/23/ 4. USUAL RESIDENCE (Where deceased lived, If inst	1950
	A. Baltimore City, Maryland Balto, City B. FULL NAME OF (If not in hospital or institution, give street address of location INSTITUTION)	A. STATE B. COUNTY Maryland	before admission)
ully gibly.	IOI7 Edmondson Avenue	Baltimore City D. STREET ADDRESS (If rural, give location)	tonship)
d be cui	c. Length of stay in Baltimore 15 Yrs Days 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify Male Col. Widowed)	8. DATE OF BIRTH 9 AGE (In years) If linds	f 1 Year If Under 24 Hours Days Hours Min.
tion s	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unmployed 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
BINDING of informa	Eli Cobb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yea, no or unknown) (If yea, give war or dates of service) SECURITY NO.	Diana Cobb	
Every item of information startie the causes of death clearly	DISEASE OR CONDITION DIRECTLY	OF DEATH	INTERVAL BETWEEN
Every write th	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	pearditis	Uniform.
MARGIN RESERVED UNFADING INK. Ever Physicians: please write	ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	· nephrits	Lughner
MARGIN UNFADIN Physicians:	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED TD THE DISEASE OR CONDITION CAUSING IT.		
н-	19A. DATE OF OPERATION () 19B. MAJOR FINDINGS OF OPE		20. AUTOPSY?
f, WITE	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, atreet, office bldg		exact location)
lly	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR. OF INJURY m. WHILE AT WORK AT WORK		
E WRITE PI age is especia	22. I hereby certify that I attended the deceased from deceased alive on 1950, and that death occurs. SIGNATURE 24A. BUNIAL. CREMA: 24B. DATE 24C. NAME OF CEMET	arred at (1) 432m., from the causes and on the causes are causes are causes are causes and on the causes are caused and causes are causes are caused at the cause are caused at the	date stated above. 3c. DATE SIGNED 10-24-50
PLEASE W	DATE RECEIVED BY LOCAL REGISTRAR OCT 25 1950 VS 150	Goldsboro N.C. 25 FUNERAL DIRECTOR Elioys, Wilson 1000 Bran	obress the ful



B-	(SEUB)	552 0 9155 IRTH NO.	BALTIMORE CITY HE		50 Registered No	9155
plied. Th	1.	NAME OF DECEASED Type or Print) DAVID	Barnes		2. DATE OF DEATH October	24, 1950
	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in	ets, city institution, give street address or	4. USUAL RESIDENCE (W A. STATE Maryland		ution: residence before admission)
Aully .	H	OSPITAL OR NSTITUTION Franklin Square	location)		outside corporate limits, we	te RURAL and give township)
e je	C.	Length of stay in Baltimore	O UN Mos. Days	D. STREET ADDRESS (If r 1021 W. Le:	ural, give location) xington Street	
d be cand leg	5.	Male Golored 7. Sex 6. Colored 7. Sex 6. Colored 7. Sex 7. Se	SINGLE MARRIED. WIDDWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years Munder last birthday) Months	Days Hours Min.
shearly		DA. USUAL OCCUPATION (Give kind of k dnne daying goet of working life, even if retired)	MENERS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
nation ath cl	13	3. FATHER'S NAME	Parres	14. MOTHER'S MAIDEN NA	ME Ols-1	6/)
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RVED FOR Every item write the can		DISEASE OR CONDITION DIRE LEADING TO DEATH (This does not mean the mode of dyi heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES	ECTLY ing, e.g., (A) e disease, i death.)	of DEATH noma of the laryny alized emaciation		NTERVAL BETWEEN ONSET AND DEATH
IN RESERVED NG INK. Even 18: please write	CATION	DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	r, GIVING			
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lly imp	W.	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	WHILE AT NOT WHILE	21F, HOW DID INJURY	OCCUR?	
RF112 PL		22. I certify that I took charge o the evidence obtained by said and death in my opinion resu 23A. SIGNATURE	Autopsy, Inspection or In	Autopsy, In quiry, find that said dec	ceased died on the da , homicide , undet XAMINER 23c. DA	y stated above,
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) OF IANE DEATH 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN COMES HOPKIES HOSPITAL INSTITUTION UMM Yrs. D. STREET ADDRESS Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) NOA. USUAL OCCUPATION (Give kind of ork done during most of working ble, even if retired) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mari 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION 4 EDIC/ 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that Lattended the deceased from 9-30-19.50 to 10- 25 19.50, and that death occurred at 130 Am., from the causes and on the date stated above. deceased alive on 10 - 23-23A. SIGNATURE 24C, NAME OF CEMETERY OR CREMATORY 24A. BURIAL, CREMA-24B, DATE TION REMOVAL (Specify) BURIA DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE LOCAL REGISTRARminu 17/Marth Mr. MCCICY

Registered No. before admission)

4. USUAL RESIDENCE (Where deceased lived, If institution: residence (If outside corporate limits, write RURAL and give township) (If rural, give location) 9. AGE (In years | ff Under 1 Year | ff Under 24 Hours | Months | Days | Hours | Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 1950, that I last saw the 23c. DATE SIGNED 25 24D. LOCATION (City, town, or county) ADDRESS

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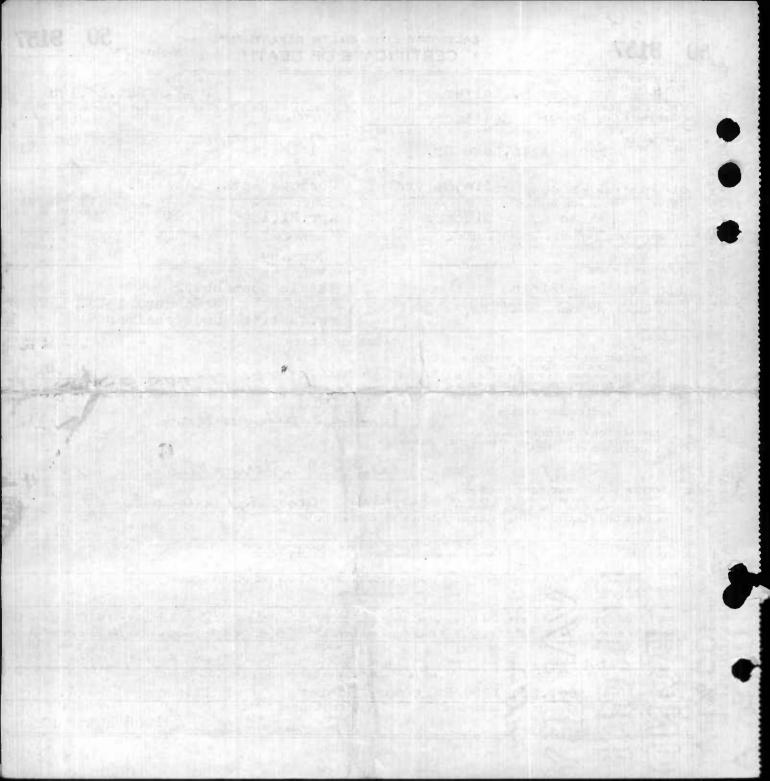
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BALTIMORE CITY HEALTH DEPARTMENT

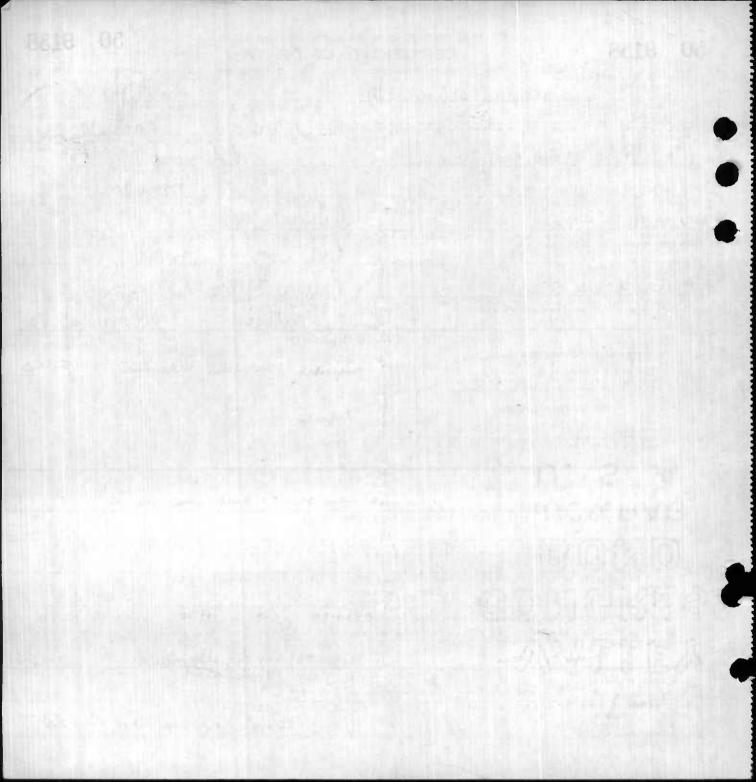
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9 5	0 9157 CERTIFICAT	TE OF DEATH Registered No.
d. Tr	1. NAME OF DECEASED (Type or Print) DOTA L. Keller	2. DATE OF DEATH Oct. 24, 1950
plie	3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore B. FULL NAME OF (If not in hospital or institution, give street address)	4. USUAL RESIDENCE (Where deceased lived, If institution: residence MSTATE and B. COUNTY before admission
ully y.	Hospital or location institution Cordova Apts. Lake Dr.	
legibl	c. Length of stay in Baltimore Life, 84 yrs. Mos Day	Cordova Apts. Lake Dr.
d be	F. SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Special Control of the Control of t	8. DATE OF BIRTH Apr. 21, 1866 9. AGE (In years of Under 1 Year Mours Months Days Hours Min.
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information of death cl	Lippmen Lowenstein	Fannie Sonnenberg
f info	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give wer or detes of service) SECURITY NO.	Mrs. Justine Gundersheimer
UNFADING INK. Every item of in Physicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-	enility but interescleures 15 years drel arterioscleures 15 years
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	ZID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	LE CONTRACTOR OF THE CONTRACTO
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PLEASE W	24A. BURIAL CREMA 20B. DATE 24C. NAME OF CEMETION, REMOVAL (Specify) Burial Oct.26, 1950 Baltimore	
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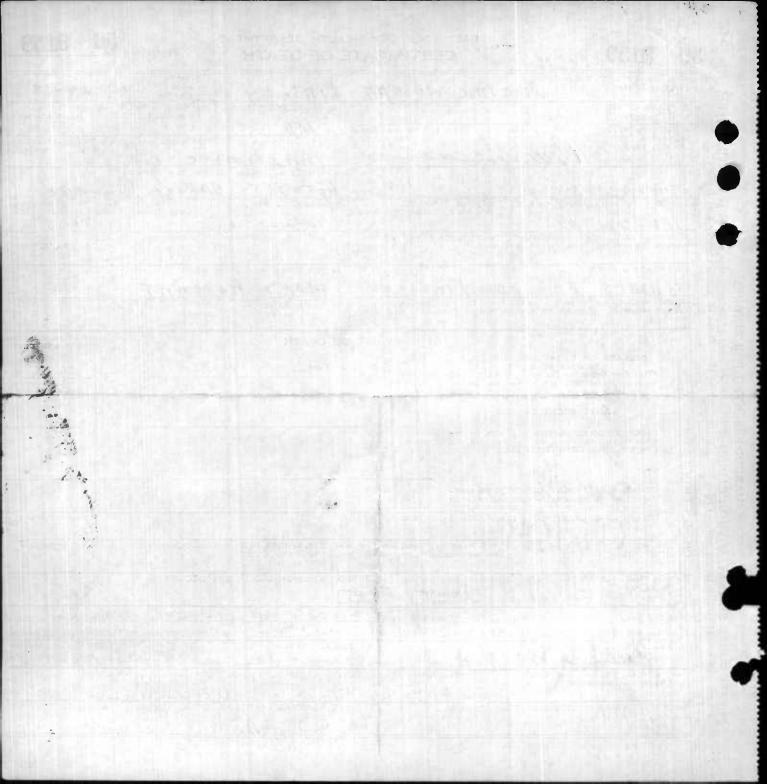


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40	9158		EALTH DEPARTMENT	Registered No.	9158
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	OSPITAL OR	location		outside corporate limits, w	
	Jospitalitor nomenio	Natuland	W.d	Churood 51	township
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5	SEX 6. COLOR OR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH	9. ACE (in years if Under last birthday) Months	r 1 Year If Under 24 Hours
2	Emale m		Weber 20 1950		5
1 wo	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired)	B. KIND OF BUSINESS OR	1. BIRTHPLACE (State or fo	oreign country) 12.	CITIZEN OF WHAT COUNTRY
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1	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME /	
11/	altours alles Cauldy		Makraket Uma	1. XOAHHIAAN	
1	5. WAS DECEASED EVER IN U.S. ARMED TO es, no or unknown) (If yes, give war or dates of s		17. INFORMANT	A. ADDI	RESS
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12	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA	Y, GIVING			
1	UNDERLYING CONDITION LAST.	(C)	М		
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R.	OTHER SIGNIFICANT CONDITIO	NS CON-			
	TRIBUTING TO THE DEATH, BUT NOT	RELATED SALLA A	ance fresh; 2) potat	ducks aftersis	
1		MAJOR FINDINGS OF OPE			20. AUTOPSY?
CAL	- /	_		I NEXE STATE	YES NO
l i	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING	21B. PLACE OF INJURY (e.g., out home, farm, factory, street, office bidg.	in or 21c. WHERE DID () etc.) INJURY OCCUR?	If in Baltimore City, give	exact location)
N A	CAUSE OF DEATH				
-	21D. TIME (Month) (Day) (Year) (Ho	our) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY	OCCUR?	
		m. WHILE AT NOT WHILE			
	22. I hereby certify that I attend	led the deceased from 10-	20-50 1950 to	10-25 19 50 ti	hat I last saw th
		9 50, and that death occu		he causes and on the c	
	23A. SIGNATURE		23B. ADDRESS	. 2	3c. DATE SIGNED
	Louis D. Rocca			Women of	10-25-5
2 TI	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify)	.	RY OF CREMATION 1240 6	OCATION (City, town, or	county) (State)
1	remotion 10/20/1	o dantar	1an		
L	ATE RECEIVED BY REGISTRAR'S S	IGNATURE	25. FUNERAL DIRECTOR	AC	DDRESS
	OCT 251950 WHO FY	Thursday of	1- Taffey	Jano /2/50	agril 1
	VS 150	7	7 17		
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100	061	BAI	LTIMORE CITY HE	EALTH DEPARTME	ENT	50 0450
\$6	RTH NO. 3159 - 228	64	CERTIFICATI		Registered	Nº0 2123
	NAME OF DECEASED Type or Print)	Dom inic	Loseph	Kinshev	2. DATE OF DEATH	0-24-50
	. PLACE OF DEATH: . Baltimore City, Marylar			4. USUAL RESIDENCE	E (Where deceased lived, I:	f institution : residence before admission
В			ion, give street address or	MD c. CITY OR TOWN		ts, w it RURAL and give township
	Tour all of the Control Day		Yrs. Mos.	o. STREET ADDRESS	(If rural, give location)	
1	. Length of stay in Baltim	RACE 7. SINGL	Days E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH		Il Under 1 Year Il Under 24 Hours on this Days Hours Min.
19	MALC W			10-23-57	0	/ 8 30
WOI	k dooe during most of working life, even i	fretired)	INDUSTRY		corroreign country)	WHAT COUNTRY
1:	JAMES P.C.	harp K	Inslev	MARY	Pomant	
1: (Y	5. WAS DECEASED EVER IN U.S. (If yes, give was	ARMED FORCES? r or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	DISEASE OR CONDILEADING TO (This does not mean the heart failure, asthenia, etc. injury or complication w	DEATH mode of dying, e. It means the diseas	E., (A) NEO -N	OF DEATH	PH VXI A	INTERVAL BETWEE
7	ANTECEDENT					
RTIFICATION	DISEASES OR CONDITI	SE (A) STATING T				
CERTIF	OTHER SIGNIFICANT TRIBUTING TO THE DEATH TO THE DISEASE OR CON	H, BUT NOT RELAT	ŁO .			
AL	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
IEDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	218. PL/ about home,	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e	or 21c. WHERE DID to.) INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ	21D. TIME (Month) (Day) OF INJURY		21E. INJURY OCCURRING WHILE AT WORK		JURY OCCUR?	
	22. I hereby certify that deceased alive on 10 -	I attended the 29, 1950,	deceased from 10 and that death occur	-23, 1950, t red at 2 35p m., fr	o $10-24$, 193 om the causes and on t	Cothat I last saw the he date stated above
	23A. SIGNATURE	M. Rel	ak M.D.	Bow Sec	oure Hospital	23c. DATE SIGNED
Z TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	PATE	24C, NAME OF CEMETE	RY OR CREMATORY 2	4D. LOCATION (City, town	(State)
	ATE RECEIVED BY REGIS	TRAR'S SIGNATU	JRE authority	25. FUNERAL DIRECT	Cres Joses	ADDRESS
	VS 150			0_	7	11 10 Ai



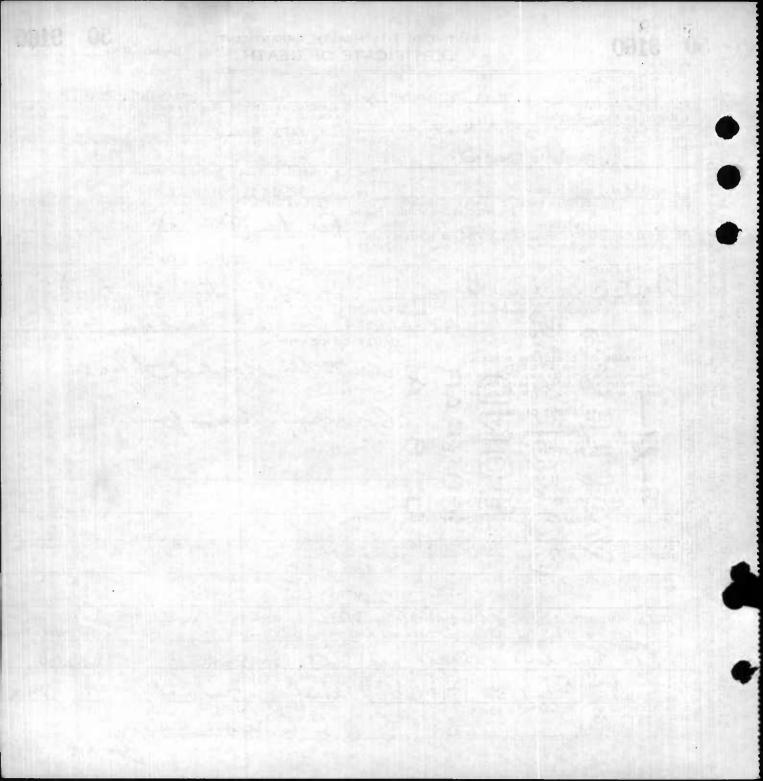
BALTIMORE CITY HEALTH DEPARTMENT

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BI.	CERTIFICATE CERTIFICATE	OF DEATH	Registered No.
1. (T)	NAME OF DECEASED (pe or Print)	2.	DATE OF
	Mrs. Mary Catherine Berli		DEATH Oct. 24, 1950
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where	deceased lived. If institution: residence B. COUNTY before admiss
В.	FULL NAME OF (If not in hospital or institution, give street address or	Maryland	
HO	SPITAL OR location)		ide corporate limits, write RURAL and
4	St. Joseph's Hospital	Baltimore	7-00 towns
	Yrs.	D. STREET ADDRESS (If rural	, give location)
c.	Length of stay in Baltimore Mos. Days	1250 Cliftview	Avenue
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9.	AGE (In years If Under 1 Year If Under 24
	Fe. White Dist	D. 19 19 1	last birthday) Months Days Hours A
10	A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign	
vork	done during most of working life, even If retired)	The dead of Money	WHAT COUNT
13.	HW1e.	Frederick, Mary	Tallu
	that is a doing	8 90#	1.15 I DD P.
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	ching c. Koshe	whater Treats to
Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS ALC
	1220-07.558	Cruma E. t.	erderling Fredh &
	18. 420.1 CAUSE	OF DEATH	INTERVAL BETWONSET AND DE
	DISEASE OR CONDITION DIRECTLY	- 1.	
	(This does not mean the mode of dying, e.g.,	te Myocarde	al Reforction
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
7	ANTECEDENT CAUSES	naus Theore	boses
Ö	DISEASES OR CONDITIONS, IF ANY, GIVING		
A	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
2			
띰	(c)		
ER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
5	TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTO SY
DICA			YES NO
	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in to.) INJURY OCCUR?	Baltimore City, give exact location)
Α			
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	21F. HOW DID INJURY OC	CUR?
	m. WHILE AT NOT WHILE		
	22. I hereby certify that I attended the deceased from 10/	17/ , 1950, to 1	0/211/, 1950, that I last saw
	deceased alive on 10/21/, 1950, and that death occur		
		3B. ADDRESS	23c. DATE SIGN
	(0)00-00	400 N. Caroline Str	
24	A. BURIAL, CREMA- 24B. DATE . 24C. NAME OF CEMETER		TION (City, town, or county) (Sta
TIG	REMOVAL (Specify) 10/2-1- 7 + 001 +	Butter France	wik m
-	11.700	many 10 1000	
D4	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS

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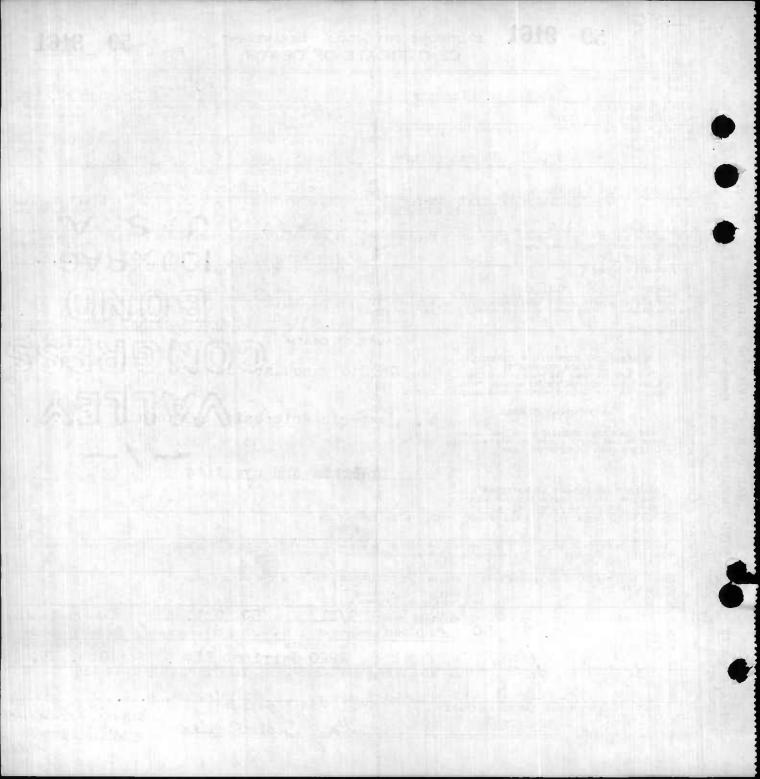


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

BIRTH NO.			OLIVIN IOATI	L OI BLAIII		
1. NAME OF DE	ECEASED				2. DATE	
(Type or Print)	Mabell	e L. Mi	chener		DEATH Octo	ber 25, 1950
3. PLACE OF DE A. Baltimore C	EATH:			A. STATE	(Where deceased lived. If in B. COUNTY	stitution: residence before admission)
B. FULL NAME (HOSPITAL OR INSTITUTION	OF (If not in hospit	al or institut	cion, give street address or location)	c. CITY OR TOWN	(If outside corporate limits,	
00	2702 L	yndhurs	st Avenue	Baltimore	15-0	township)
			Yrs.	D. STREET ADDRESS	(If rural, give location)	
c. Length of st	tay in Baltimore		Mos. Days		urst Avenue	
5. SEX	6. COLOR OR RACE	WIDOV	E, MARRIED VED, BROOKEEN (Specify)	8. DATE OF BIRTH	9. AGE (In years H Un last birthday) Mont	the Days Hours Min.
Female	White	Wide		October 17.1857		
	CUPATION (Give kind of f working life, even if retired)	108. KINI	OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)	2. CITIZEN OF WHAT COUNTRY?
Housewi		Home		New York City,	N. Y.	U.S.A.
13. FATHER'S N		2101110	,	14. MOTHER'S MAIDEN	NAME	U.D.A.
Benjami	n Fairchild			Calista Schae	efer	
15. WAS DECEASE	D EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT	OOF O- ADI	DRESS 11
(Yes, no or unknown)	(If yes, give war or date None	of service)	None None	Mr.William Mich	1925 Common Nener Boston, M	
18.47	2.1		CAUSE	OF DEATH		INTERVAL BETWEEN
DISEAS	SE OR CONDITION	DIRECTLY			as n	
	LEADING TO DEA	TH	Comat	o vascular d:	isease BIII	ceSept 11,
	not mean the mode ore, asthenia, etc. It mea			.0	20000	195
	complication which					a harman h
	ANTECEDENT CAUS	SES				abeut
			(B) arte	erio sclerosi:	s advanced	2 705.
RISE TO T	OR CONDITIONS, I HE ABOVE CAUSE (A) VING CONDITION LA	STATING T				
<u>S</u>						
<u>r</u>	П		(c) pyel	itis and cys	titis	
OTHER S	IGNIFICANT COND	ITIONS CO				
TRIBUTING	TO THE OEATH, BUT					
19A. DATE O			FINDINGS OF OPER	RATION		20. AUTOPSY?
S ACCIDE	NT, SUICIDE,	21p DI	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City, giv	
HOMICIDE	(Specify)		farm, factory, street, office bldg.,		(II in Danmoie Oity, giv	re exact location)
Z 21D. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	JRY OCCUR?	
OF INJURY			WHILE AT NOT WHILE			
		m.	WORK AT WORK			
22. I hereb	y certify that I att	ended the	deceased from	9/11 , 19 5,Q ₀	Oct. 25, 1950	that I last saw the
				rred at 6 2 m. from	n the causes and on the	date stated above
23A, SIRNAT		1111		38. ADDRESS		23c. DATE SIGNED
	10000 /10/1	411	м. о.	2220 Garriso	n Blvd.	Oct. 25, 1
24A. BURIAL.	REMA- 248. DATE	VII.	24c. NAME OF CEMETE		D. LOCATION (City, town, or	
TION, REMOVAL (S					3	
Removal	10-27-50	0.010::1	Rock Creek Cer		shington, D. C.	ADADESS A
DATE RECEIVED	RAR	m terr	JRE	25. FUNERAL DIRECTO	MAI.	The & Foundales
OCT 261	950	明明的人	The walley's or	Mm. (Lechnell	19 Sous 1	A 1010-17
VS 150	<u> </u>			/ Superior	1200	union 1
V3 150				0	1.92 1	Ma
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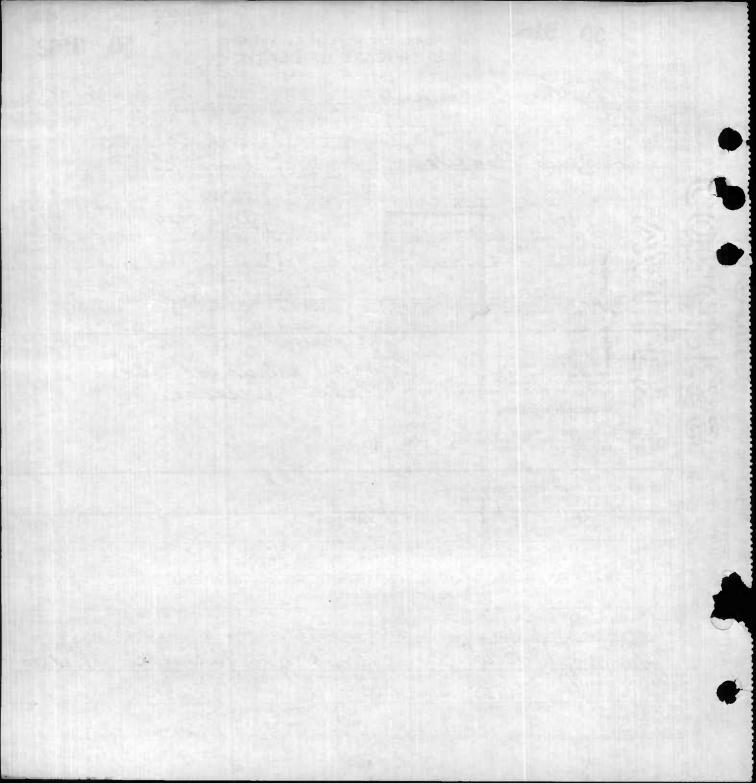
PLE E WRIT correct age is

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

SALLER

BIRTH NO.	IE OF DEATH
1. NAME OF DECEASED (Type or Print) Kustin C. Dauer	2. DATE OCH 23, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FULL NAME OF (If not in hospital or institution, give street address location in the street in th	or Ma
It agrees Hospital	Daltinose 25 04 township)
c. Length of stay in Baltimore	FIG Collin CV
5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED. MIDOWED, DIVORCED (Speci	8. DATE OF BIRTH 9 AGE (In years) If linder I Year If linder 24 House
10A. USUAL OCCUPATION (Givekind of working life, even if retired) 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) 1 INDUSTI	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
13. FATHER'S NAME	1 Baltimore Md,
Werner /	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	17/INFORMANT ADDRESS
18. 14.0 A D	4 Helen M. Sauer 519 Jeffrey St
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Mary arteris soleratio
ANTECEDENT CAUSES	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON-	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY?
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bidge CAUSE OF DEATH	, in or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCUR?
m. WHILE AT NOT WHILE AT WORK	
22. I hereby certify that I attended the deceased from	19_, to, 19, that I last saw the
deceased alive on, 19 and that death occ	urred at 1 2 Pm., from the causes and on the date stated above. 238. ADDRESS 238. PATE SIGNED
John John M.D.	At apres Hospital 10/23/50
HOW THE MOVAE (Street EV) A 12/ 10 = 1	ERY OR CREMOTORY 24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
OCI 261950 Contra in Michiel M. C.	his nies Ohn W. Toulet Son 5311
VS 150	68 093 d Edwondson Guy

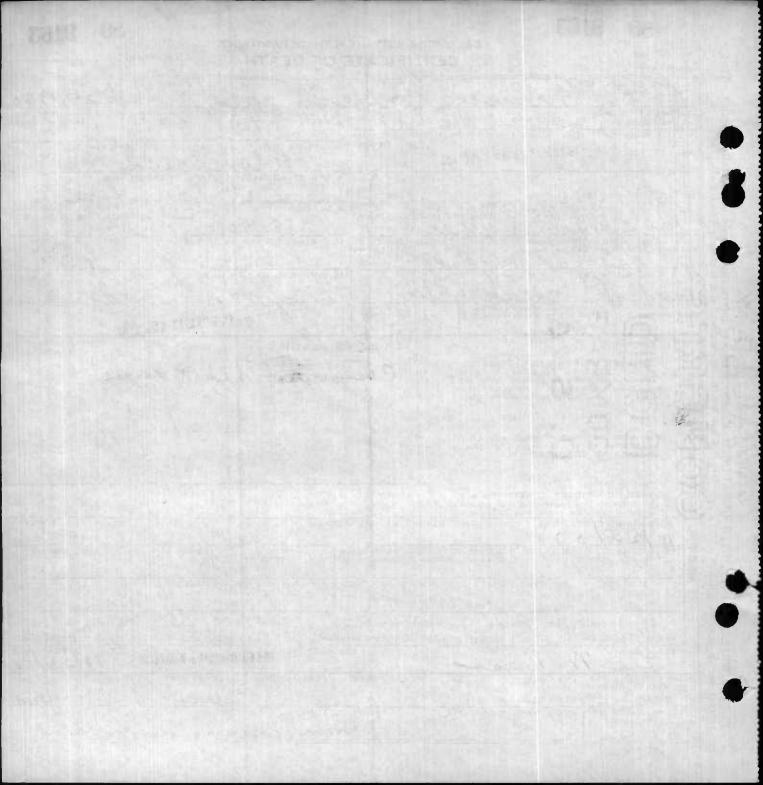


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WITH	y important.
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WRI	age is
PLEA WRITE	correct

VS 150

		50 9163			50	9163
	63	5		EALTH DEPARTMENT	70	
	BIRTH	NO . 16.	CERTIFICATI	E OF DEATH	Registered No	
	1. NAM	ME OF DECEASED	• 12	1 11 11	2. DATE (0 /	7
		Tha	new Jord	enger cher	DEATH UST	25,1950
		ce of Death: timore City, Maryland	d. 11 1 12 48.	4. USUAL RESIDENCE (W	here deceased lived. If in B. COUNTY	stitution: residence before ndmission)
	B. FULI	L NAME OF (If not in hospital	or institution, give street address or	Otela	- V/- 2	3
		TAL OR UTION WILL HOPEL	location)	C. CITY OR TOWN (If	outside corporate limits,	
	33	1307 165	NO WANTILLY	Colesse	land	township)
			Yrs. Mos.	D. STREET ADDRESS (If)	rural, give location)	9
		gth of stay in Baltimore	O AAys Days	310 00.	· Cherok	re
	5. SEX	6. COLOR OR RACE	 SINGLE, MARRIED. WIDOWED, DLYORGED (Specify) 	8. DATE OF BIRTH	9. AGE (In years Mul	hs: Days Hours: Min.
	M	all Mull	and	4-28-1950	54	0 27
	Work done	SUAL OCCUPATION (Give kind of during most of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 1	2. CITIZEN OF WHAT COUNTRY!
		NONE	NONE	Ukla		4.5.A.
	-13. FAT	THER'S NAME	0	14. MOTHER'S MAIDEN NA	ME A	
	whe	16.13 orden	kir-clier	Visamio	c of mula	
1	Yes, no or	DECEASED EVER IN U.S. ARMED runknown) (11 yes, give war or dates of	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADI	DRESS
	· a/	O NONE	NONE	ATTO!	FORKINS HOSPITHE	
	18.	754 IL .	CAUSE	OF DEATH		INTERVAL BETWEEN
		DISEASE OR CONDITION D	DIRECTLY		-1 1 1	
		LEADING TO DEATH (This does not mean the mode of	dying, e.g., (A) Cm	genital he	ent direce	۷
-		heart failure, asthenia, etc. It mean injury or complication which ca	s the disease,			
		ANTECEDENT CAUSE	e e			
	Z	ANTECEDENT CAGS	(B)	***************************************	***************************************	
		DISEASES OR CONDITIONS, IF				
	1 .	UNDERLYING CONDITION LAS				
	FICA		(C)			•
	RH	II OTHER SIGNIFICANT CONDIT	IONS CON-			
	Ш	TRIBUTING TO THE DEATH, BUT NO THE DISEASE OR CONDITION	IOT RELATED			/
			B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	N 10	125/50				YES NO
	ma GIA	ACCIDENT, SUICIDE, MICIDE (Specify)	21B. PLACE OF INJURY (e. g., is about home, farm, factory, street, office bldg.,		f in Baltimore City, giv	re exact location)
	Σ					
	210	TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m. WHILE AT NOT WHILE		Ellaki	
	22.	I hereby certify that I atte	nded the deceased from 10.	-18 - 1950to 10	-25-,1951	that I last saw the
1			1950, and that death occur			
	23A	SIGNATURE	2	38. ADDRESS JONES HOP	KINS HUSPITA	23C. DATE SIGNED
		Lee II. Da	M.D.			10/25/50
	TION, RI	BURIAL, CREMA- 24B. DATE EMOVAL (Specify)	24c. NAME OF CEMETE		OCATION (City, town, o	m1/ 11
		EMOUAL 10-26-		25. FUNERAL DIRECTOR	: VELAND, C	OKLAHOMA
		RECEIVED BY REGISTRAR'S	SIGNATURE	25. FUNERAL DIRECTOR	1	ADDRESS
	OCT	261950		GEORGE L. Schw	46 2101 FRE	Ederick
	V	/S 150				AVE

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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) legibly (If rural, give location) Yrs. D. STREET ADDRESS Mos. IFE c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years it Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. plno DIVORCED clearly 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY sallsman OUTLET CO. informatio 13 FATHER'S NAME death 14 MOTHER'S MAIDEN NAME BINDING 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) Jo 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. causes 214-03-1894 1ame INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. NOL (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-CEI TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20. AUTOPSYT 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION MEDICAL important. NO 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY cially NOT WHILE 22. I hereby certify that I attended the deceased from 4 1950 that I last saw the RITE is espe 19 50 and that death occurred at 3:45 Q.m., from the causes and on the date stated above. deceased alive on 15 23A. SIGNATURE 235. ADDRESS 23C. DATE SIGNED M age 24A. BURIAL, CREMA-24c. NAME OF CEMETERY OR CREMATORY | 24p. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) correct BURIAL PLE/ DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150 490GE

(Va (0.00) What was the cause undulying the languages of truction Der Donnent File 50-9164 11-14-50

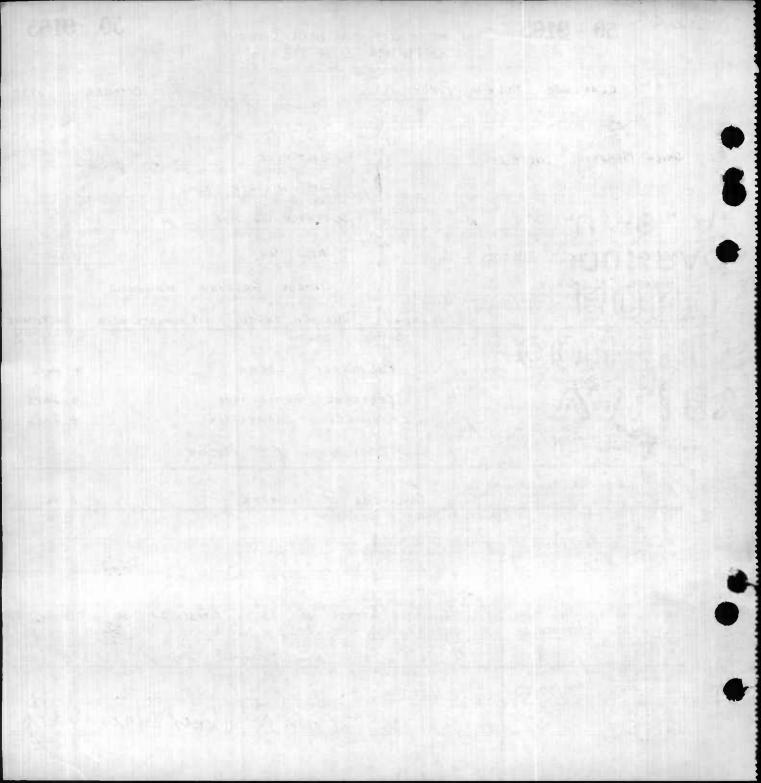
	,	<u>_</u>
	The	
	upplied.	
	hould blood	especially important. Physicians: please write the causes of death crearly and legibly.
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MARGIN RESERVED FOR BINDING	of informati	uses of death
OR	iten	e ca
) F	ry	th
RVEL	Eve	write
RESE	INK.	please
MARGIN	TE A LY, WITH UNFADING INK. Every item of informatic hould	Physicians:
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BALTIMORE CITY HEALTH DEPARTMENT

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OF DEATH Registered No.
2. DATE OF DEATH OCTOBER 24, 195
4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission of the country before admission.
MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and g townsh
D. STREET ADDRESS (If rural, give location) 419 WINGATE ROAD
8. DATE OF BIRTH 9. AGE (in years if Under I Yeer last birthday) Months Days Hours M SEPTEMBER 26, 1861
11. BIRTHPLACE (State or foreign country) NEW YORK 12. CITIZEN OF WHAT COUNTRY U. S. A.
14. MOTHER'S MAIDEN NAME PHOEBE GAGNUNG Hammond
17. INFORMANT ADDRESS MRS. W.H. ENGEL , 419 WINGATE ROAD BALTIMO
DF DEATH INTERVAL BETWE
NARY EDEMA 4 DAYS
RAL HEMORRHAGE 4 DAYS
DIAL INFARCTION 4 DAYS
deropic Heart Disease years
OF PROSTATE 8 YRS.
ATION 20. AUTOPSY
or 21C. WHERE DID (If in Baltimore City, give exact location) c.) INJURY OCCUR?
D 21F, HOW DID INJURY OCCUR?
SER 20 , 1950, to Ocroser 24, 1950, that I last saw
red at 9:05 p.m., from the causes and on the date stated abo
188. ADDRESS Union Memorial Hospital 10:24 52
Y OR CREMATORY 240. LOCATION (City, town, or county) (State
No CREMATORY 240. LOCATION (City, town, or county) (State 25) FUNERAL DIRECTOR ADDRESS (MAN)



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MARGIN RESERVED FOR BINDING NLY, WITH UNFADING INK. Every item of information should in propertant. Physicians: please write the causes of death clearly and		5	l leg
NLY, WITH UNFADING INK. Every item of information important. Physicians: please write the causes of death clearly		p	and
MARGIN RESERVED FOR BINDING NLY, WITH UNFADING INK. Every item of informating important. Physicians: please write the causes of death	1	shoul	clearly
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The		50 9166 BALTIMORE CITY HE CERTIFICATI	
	1.	NAME OF DECEASED (Spe or Print) ALEXANDER M. RICH	2. DATE OF OF Oct. 24, 1950
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
	H	FULL NAME OF (If not in hospital or institution, give street address or location) 2606 Talbot Rd.	C. CITY OR TOWN (If outside corporate limits, write RURAL and given Baltimore 28-03 township
egib	C.	Yrs. Mos. Length of stay in Baltimore Days	o. STREET ADDRESS (If rural, give location) 2606 Talbot Rd.
uld egibly.	5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9. AGE (In years H Under I Year H Under I Year House I Ye
ormai should death clearly a	work	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) Clargyman FATHER'S NAME Rev. Arthur John Rich	11. BIRTHPLACE (State or foreign country) Maryland 14. MOTHER'S MAIDEN NAME Fanny K. Miller
इस ट	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yee, give war or dates of service) 16. SOCIAL SECURITY NO. 100	17. INFORMANT ADDRESS Mrs. S. Chaplin Davis 2606 Talbot Rd.
MAKGIN KESEKVED FOK BIN UNFADING INK. Every item of i Physicians: please write the causes	ERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	osclerotic cardio-vascular disease
	Ü	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	AATION 20. AUTOPSY?
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Ily i		OF INJURY (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK	
TH			rred at 7.30P.m., from the causes and on the date stated abov
PI SE WRITH correct age is est	TIC	AA. BURIAL CREMA-ON, REMOVAL (Specify) Burial ATE RECEIVED BY DOCAL REGISTRAR REGISTRAR ATE ARE RECEIVED BY DOCAL REGISTRAR	
		OCT 2619501 (1)	693d Md.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registere Qo 9167

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)	Eubank Ha		DATE OF TO ber 24,193
3. PLACE OF DEATH: A. Baltimore City, Maryland			e deceased lived. If institution : residence B. COUNTY before admission
B. FULL NAME OF (If not in hosp HOSPITAL OR	oital or institution, give street address of location	Maryland	Baltimera Co. ide corporate limits, write RURAL and giv
INSTITUTION	il Haratal	Towson	township
Whion Memor	Yrs.	D. STREET ADDRESS (If rural	l, give location)
c. Length of stay in Baltimore	Mos. Days	506 Balti	more Ave.
5. SEX 6. COLOR OR RAC	E 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9.	AGE (in years If Under Year If Under 24 Houlast birthday) Months Days Hours Min
Male White	Married	August 6, 1892	58
10A. USUAL OCCUPATION (Give kind ork done during most of working life, even if retire	of 108 KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign	n country) 12. CITIZEN OF WHAT COUNTRY
Solicitor	MNewspaper	Virginia	usa
13. FATHER'S NAME	11 /-	14. MOTHER'S MAIDEN NAME	
benyamin Tra	In Klin Hart		nelia Eubank
15. WAS DECEASED EVER IN U.S. ARM (If yes, give war or de	ED FORCES? Ites of service) 16. SOCIAL SECURITY NO. 23/-/4-2879	MYS. BESSIE H	art 506 82 lfo. No
18. 162 X .	CAUSE	OF DEATH	INTERVAL BETWEE
DISEASE OR CONDITION		,	ONSET AND DEA
(This does not mean the mode	of dying, e.g., (A)	onchegenie caren	onw
heart failure, asthenia, etc. It m injury or complication which	cans the disease, caused death.) DUE TO	A st lung	
ANTECEDENT CAL	JSES		
Z DISEASES OR CONDITIONS.	(B)	E milislasia	e Pysa -
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	weel bronched stung	most on
O DINDERLYING CONDITION	(C)		
TRIBUTING TO THE DEATH, BU	T NOT RELATED		
194. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPE	RATION	
October 17, 1950	12 man of	cinema, right lu	YES NO
LYING OR CONTRIBUTING	218. PLACE OF INJURY (e. g.,	in or 21c. WHERE DID (If in	Baltimore City, give exact location)
210. TIME (Month) (Day) (Yes	r) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OC	CCUR?
OF INJURY	m. WHILE AT NOT WHILE		
22 I horoby cortify that I a			ber 24,19.50 that I last saw t
deceased alive on oct. 2	4 1950 and that death occi	erred at 11 19 Am. from the co	auses and on the date stated above
23A. SIGNATURE Q / 92	11/	23B. ADDRESS	23c. DATE SIGNE
V. 1. /s	holmoker M.D.	y mon Memore 14	16 5 h / 20
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24C. NAME OF CEMET	ERY OR CREMATORY. 240, LOCA	TION (City, town, or county) (State
BURIAL OCT. 2/	1950 LOUDON PAI	RK CEM. PALTII	MORE, NID.
LOCAL REGISTRAR	R'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
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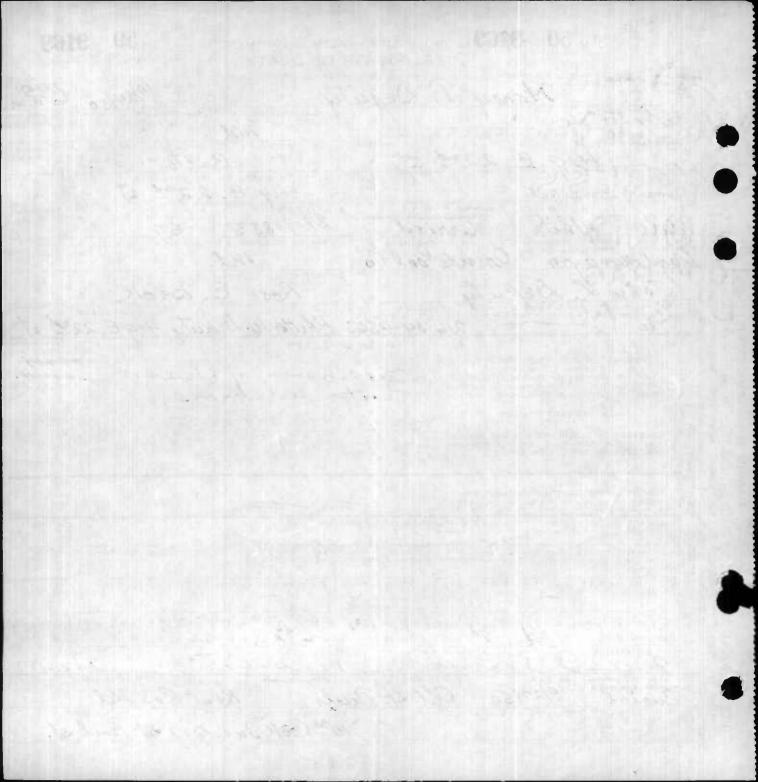
BALTIMORE CITY HEALTH DEPARTMENT

50 9168

BI	CERTIFICAT	E OF DEATH Registered No.
	NAME OF DECEASED Mr. Joseph Vincent Ward	2. DATE OF DEATH OCt. 23, 1950
3. A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
B. HC	FULL NAME OF (If not in hospital or institution, give street address or SPITAL OR location) STITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give
18	St. Joseph's Hospital	Baltimore OWSON township
c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location) 505 W. Chesapeake Avenue
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male Single White	8. DATE OF BIRTH 9. AGE (In years) Il Under I Year Il Under 24 Hours
10.	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	Painter Self Employed FATHER'S NAME	Pennsylvania 14. MOTHER'S MAIDEN NAME
	JAMES WARD	LORETTA OSBORNE
15 Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no nr.unknown) (If yee, give war nr dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	NO NONE NONE	MRS. JAMES WARD, TOWSON, MD.
IFICATION	(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which eaused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	forated gate wdenat files.
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
ار	Oct. 12. 1950 198. Magor FINDINGS OF OPER	extion 20. AUTOPSY? VES W NO [
MEDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., i about home, farm, factory, street, o Bice bldg.,	ete.) INJURY OCCUR?
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from 10/deceased glive on 10/23/ 1950 and that death occur	11/ , 1950 to 10/23/ , 1950, that I last saw the rred at 3:30P.M. from the causes and on the date stated above
		238. ADDRESS 23c. DATE SIGNED 10/23/50
TIC	BURIAL OCT. 27,1950 MT. MORIAH	CEMETERY TOWSON, MD. (State)
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS JOHN BURNS' SONS, TAMESON, M.P.

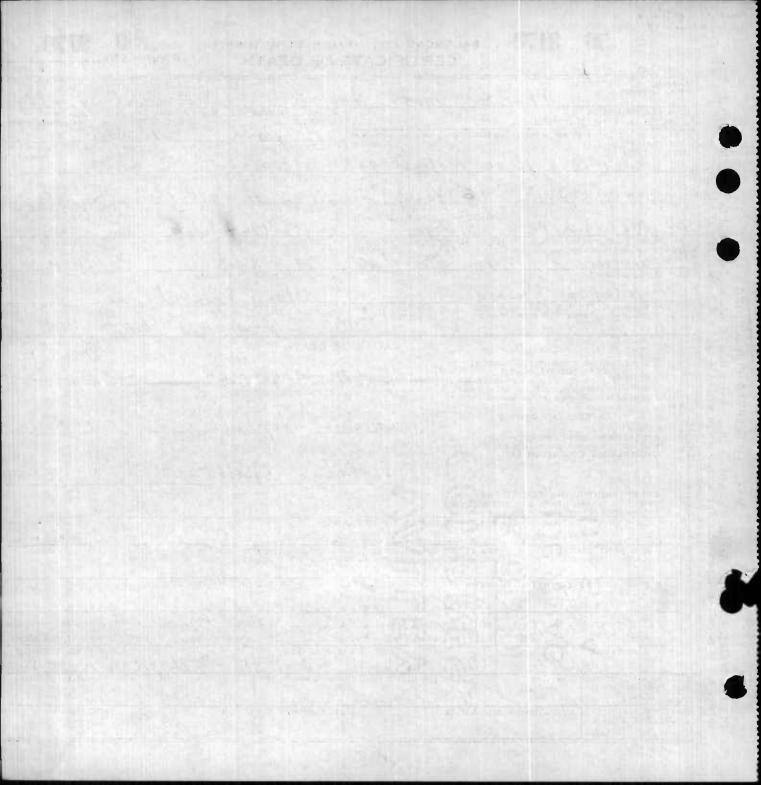
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	PLEAS	correct

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The	В	50 9170 BALTIMORE CITY HEATER NO. CERTIFICATE		50 Registered No	9170
		NAME OF DECEASED Thomas Miss NA	omi	2. DATE OF DEATH Oct 2	4 1950
pplied.	Α.	. PLACE OF DEATH: . Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Who	B. COUNTY	before admission)
ully.	H	OSPITAL OR INSTITUTION	C. CITY OR TOWN (If or	utside corporate limits, wr	
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ould be d	-	Length of stay in Baltimore 46 Years Days	8. DATE OF BIRTH	9. AGE (In years f Under last birthday) Months	1 Year If Under 24 Hours Days Hours: Min.
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tion h clea	180	Conducing most of working life, even if retired) Nonyan ollage of males. 3. FATHER'S NAME	MAYYIAN &	AF.	USA
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em cat		DISEASE OR CONDITION DIRECTLY	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
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02		injury or complication which caused death.) DUE TO	1/1/1		1- M . +1
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hyd	AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	TION		20. AUTOPSY?
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in p. K.	M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	D 21F, HOW DID INJURY	OCCUR?	
cially		m. WHILE AT NOT WHILE AT WORK AT WORK	12 1050. 1	0/24 10504	
WRITE PL		deceased alive on 10/24, 19-10, and that death occurr		causes and on the d	at I last saw the ate stated above. 3c. DATE SIGNED
	2	1. Reed Carroll M.D.	Church Home	ATION (City, town, or c	10/25/50
	71	Burn'a Drued	Ridge Pik	roville Me	
PLEA	D L C	ATE RECEIVED BY COCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	7 St. Paul	DRESS
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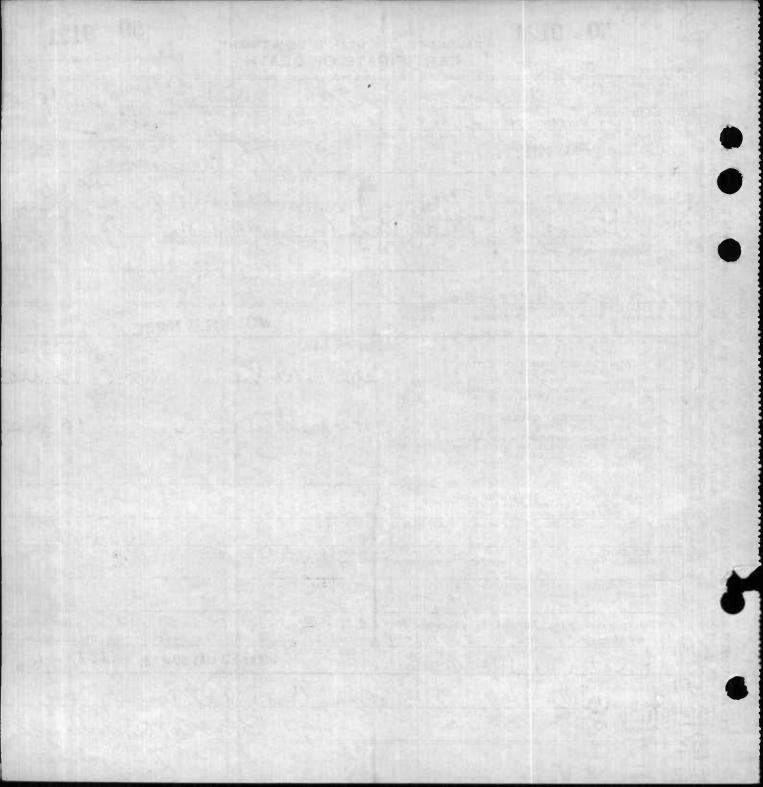
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The	BI	RTH NO.	E OF DEATH Registered No	
T .b	1.	NAME OF DECEASED John Ami	th 2. DATE OF DEATH OF	25,1950
pplie	A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased fived, if insti	tution: residence before admission)
uld be dully y and legibly.	H	OSPITAL OR JOHNS ROPKINS ROSPITAL		nte RURAL and give township)
	c.	Length of stay in Baltimore 25 Whos. Days	D. STREET ADDRESS (If rural, give location) 418 was and	£ St.
	5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Months	1 Year H Under 24 Hours Days Hours Min.
earl		A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
IDING information of death cl	13	Moses & mill	14. MOTHER'S MAIDEN NAME	2
Diu	15 (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? a, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS ROPKIES ROSPITAL	ESS
D FOR		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ebral hemoushage	INTERVAL BETWEEN ONSET AND DEATH
RESER	CAL	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	gpertension	10 yrs
MARGIN UNFADING Physicians:		OTHER SIGNIFICANT CONDITIONS CON-		
		TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	RATION	20. AUTOPSÝ?
, WITH		21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
Pictor, W	M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY MHILE AT NOT WHILE AT WORK		
WRITE P		deceased alive on 10-25, 19 3, and that death occu	rred at	
ASE ct ag	Z. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON REMOVAL (Specify) 1 Jurial Oct. 29/50 Mt. Calv	ERY OR CREMATORY 24D. LOCATION (City, town, or come and G. G. County	ounty) (State)
PLEAS		ATE RECEIVED BY REGISTRAR'S SIGNATURE	mis Orbert Qi Ellisqo	Daughter

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20. AUTOPSY (If in Baltimore City, give exact location) 1950, to Oct. 22 , 19 50 that I last saw the 23c. DATE SIGNED John L. Wixson, Medical Director 10/23/50 US MarineHospital, Balto, Md. M. D. 24c. NAME of CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) Carme Baltimore 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS withing or The

before admission)

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

Unknown

VS 150

Burial

DATE RECEIVED BY

LOCAL REGISTRAR

24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify)

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If Under 24 Hours

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20. AUTOPSY

23c. DATE SIGNED

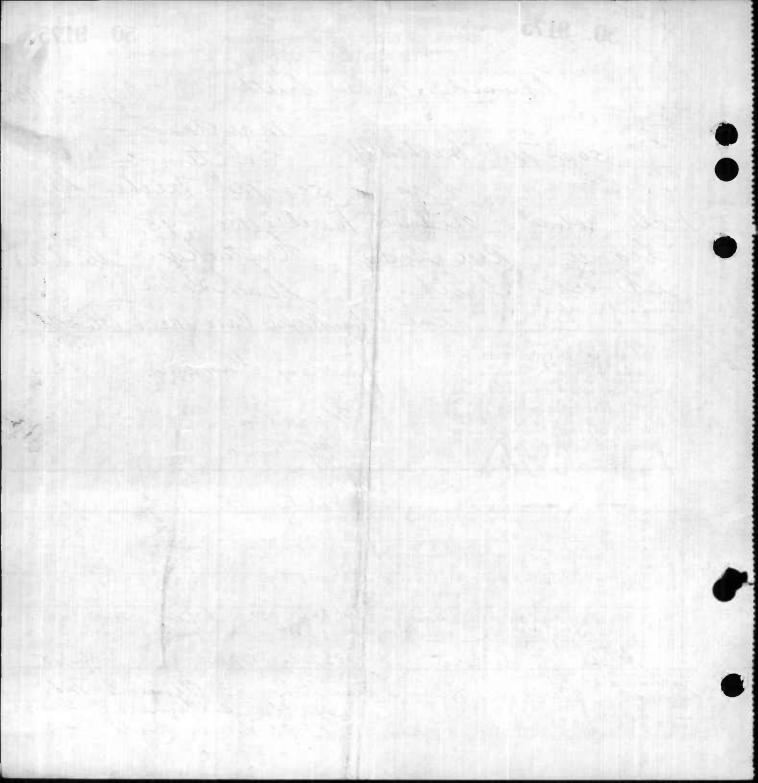
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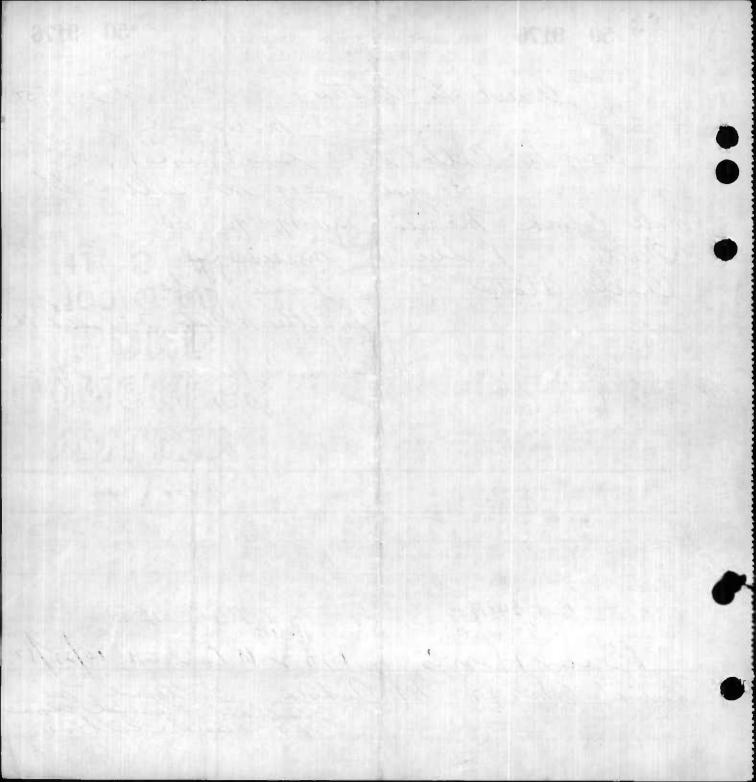
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ADDRESS

12. CITIZEN OF

WHAT COUNTRY





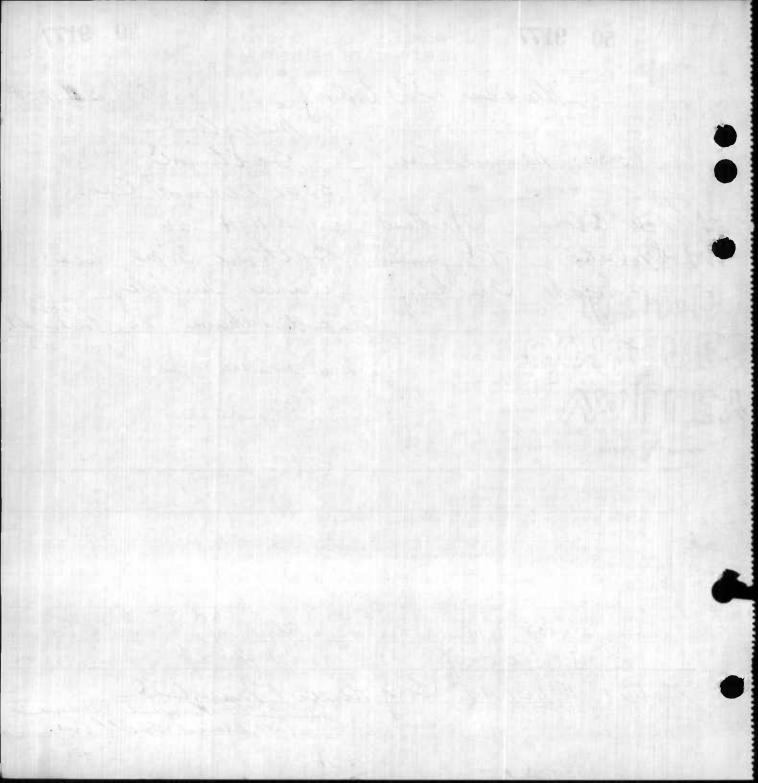
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	B. FULL NAME O HOSPITAL OR INSTITUTION
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ath (13. FATHER'S NA

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No.

BIRTH NO.								
1. NAME OF D (Type or Print)	ECEASED	san	Holi	Sair		2. DATE OF DEATH OU	1211	950
3. PLACE OF D. A. Baltimore	EATH: City, Maryland			A. STATE	SIDENCE (W	here deceased lived, If		idence idmission)
B. FULL NAME		tal or institutio	n, give street address	or M	aryl	and		
HOSPITAL OR			location	c. CITY OR TO	OWN (If o	utside corporate limi		L and give
00 5	32/ Ne	nmore			alle	more 1	1-18	
- Tonoth of a	4 i D-14		Yrs. Mos.	520	. /	ural, give location)	7	
5. SEX	tay in Baltimore	17. SINGLE	Day:		IRTH	9. AGE (In years)	If Under 1 Year If U	nder 24 Hours
Temale	Calmad.	WIDOW	MARRIED.	y)	1891	last birthday) M	onths Days Hou	urs Min.
10A. USHAL OC	CUPATION (Give kindo	1 10B. KIND	OF BUSINESS OR	11. BIRTHPLA	CE (State or for	eign country)	1 12. CITIZEN	
-//	of working life, even if retired	Pet	2 INDUSTR	Bal	timine	a hed	WHAT CO	DUNTRY?
13. FATHER'S		. 1701.	Juning	14. MOTHER'S	MAIDEN NA	ME	min	
1	Carple	1 Zuc	Cles	ann	ie c	melclen	/	
15. WAS DECEASE	ED EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMAL	NT .		DDRESS /3	60
(1 es, no or unacown)	y. yes, give war or dat	os or service)	SECURITY NO.	no mollie	Weckers	un Th.	Stricke	IN.
18.1600	2.1		CAUSE	OF DEATH			INTERVAL	
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(This does	not mean the mode	of dying, e. g.,	(A) Ca	deo Uas	eular	Aus.		
heart failu	re, asthonia, etc. It me complication which	ans the disease,						
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RISE TO T	OR CONDITIONS,	STATING THE	DUE TO					
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OTHER S	IGNIFICANT COND							
O TO THE DI	ISEASE OR CONDITION	N CAUSING IT.						
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21A. ACCID LYING OF CAUSE OF	R CONTRIBUTING [rm, factory, street, office bldg	.,etc.) INJURY O	CCUR?	an Danision City,	дате сласт тоба	,,,,
Z CAOSE OF	(Month) (Day) (Year	(Hour) 2	1E. INJURY OCCUR	RED 21F. HOW	DID INJURY	OCCUR?		
OF INJURY		wı	HILE AT NOT WHIL	E				
			WORK L AT WORK		.70 0	11 812 .5	1	
	y certify that I at			945	1950, to 2	, 19/	, that I last	saw the
deceased al		, 19 a	nd that death oec	238. ADDRESS	2m., from th	e causes and on t	23c. DATE	a above.
1	3 MKle	2009	M. D.	12150	Madis	n ove	2500	1
24A. BURIAL. (S	CREMA- 24B. DATE	12	AC. NAME OF CEMET	ERY OR CREMATO	ORY 240. LO	CATION (City, town	or county)	(State)
Bulla	TOOL S	8,1950	Zona -	Green.	mar	Mand	_	
DATE RECEIVED	DAD	SSIGNATUE	110 //	25. FUNERAL	DIRECTOR	Funcial	ADDRES	u
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 9178

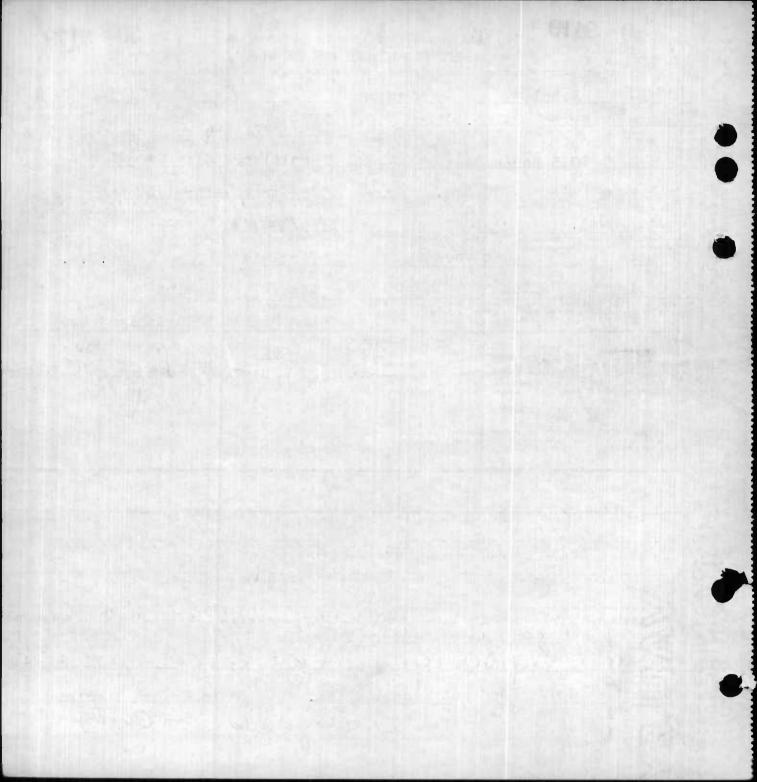
BIRTH NO.	TORTE OF DEATH					
I. NAME OF DECEASED (Type or Print) WESLEY	COX 2. DATE OF Oct. 2	3, 1950				
a. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give str HOSPITAL OR INSTITUTION Found in harbor foot of Broadway	et address or location) 4. USUAL RESIDENCE (Where deceased lived, If in a. COUNTY Maryland C. CITY OR TOWN (If outside corporate limits, Baltimore	before admission)				
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SINGLE. MARRIE WIDOWED, DIVOR	Yrs. Mos. Days O. STREET ADDRESS (If rural, give location) 418 N. Caroline St. B. DATE OF BIRTH 9. AGE (In years) If Uncertainty Months (Specify) 19. Age (In years) Months (Specify) Months (Specify) Months (Specify)	der I Year It Under 24 Hours has: Days Hours : Min.				
Male Colored Single 10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) General Farm Hand 13. FATHER'S NAME	0ct.14, 1918 32	2. CITIZEN OF WHAT COUNTRY				
Whiley Cox 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	Susie Cox	PRESS				
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING O RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Drowning * subdural hematoma and fracture of sh	INTERVAL BETWEEN ONSET AND DEATH				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY?				
21a. EXTERNAL CAUSE WAS 21B. PLACE OF IN. Booth bome, farm, factor, at UTING M CAUSE OF DEATH. Harbor — Si 21b. TIME (Month) (Day) (Year) (Hour) OF INJURY *Found: 10-23-50 PM. WHILE AT WORK WORK	URY (e.g., in or control of contr	ves X No Control Production Produ				
22. I certify that I took charge of the remains the evidence obtained by said Autopsy, Insp	22. I certify that I took charge of the remains described above, held an Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes [], accident [], suicide [], homicide [], undetermined []. 23A. SIGNATURE [23B. CHIEF MEDICAL EXAMINER					
	m.D. MEDICAL INVESTIGATOR D DE CEMETERY OF CREMATORY 24D. LOCATION (City, town, or imore National Cm. Baltimore, Mar;					

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B	IRTH NO.		CERTIFICAT	TE OF DEATH	Registered No),	
1	NAME OF D	Pearl	Simpsor	1	2. DATE OF DEATH IO/23	/1950	
A		City, Maryland E	Balto City al or institution, give street address	4. USUAL RESIDENCE (V A. STATE Marylan	B. COUNTY	stitution : residence before admission)	
11	OSPITAL OR NSTITUTION	IOI5 Nor	oth Central Avenu	C. CITTOR TOWN	outside corporate limits,	townshin)	
c	. Length of s	stay in Baltimore	IO Yrs. Mos	D. STREET ADDRESS (If	rural, give location)		
5	sex emale	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Special Widow	8. DATE OF BIRTH	9. AGE (in years last birthday) Mon	nder I Year If Under 24 Hours ths: Days Hours Min.	
10 wor	NA. USUAL OCTATION OF THE HOUSEW	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fe		2. CITIZEN OF WHAT COUNTRY:	
1:	3. FATHER'S	2.7		14. MOTHER'S MAIDEN N			
<u></u>	Mosle	0		Ida	Hamlet		
(Y	NO OF UNKNOWN)	ED EVER IN U.S. ARMER (If yes, give war or date) FORCES? 16. SOCIAL SECURITY NO.	Edward Hamlet		oress	
NO	(This does heart failt injury or	SE OR CONDITION LEADING TO DEAT not mean the mode of are, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS. II	DIRECTLY TH ff dying, e.g., ns the disease, aused death.) DUE TO SES (B)	of DEATH	24. Ly	ONSET AND DEATH	
FICATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)						
CERTI	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				
AL	19A. DATE (OF OPERATION 0 1	98. MAJOR FINDINGS OF OP	ERATION		20. AUTOPSY?	
MEDIC		DENT WAS UNDER- R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g about home, farm, factory, street, office bld		If in Baltimore City, gi	ve exact location)	
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT WORK AT WORK						
ľ	22. I hereby certify that I attended the deceased from 0 12, 19, to 0 23, 19 That I last saw the deceased alive on 0.23, 19 That I last saw the deceased alive on 0.23, 19 That I last saw the						
	23A. SIGNA	TURE L Lou	Berry M.D.	238. ADDRESS 1420 t (L)	all	23c. DATE SIGNED	
T .	Burial	Specify) IO/29/	950 St Michale		ke Branch V		
	OCAL REGIST	REGISTRAR	s signature	Eliny o . Wilan		ADDRESS A	
	VS 150	.000		U		104/-	



	N.D.128354 50	3186AL	TIMORE CITY H	EALTH DEPARTMENT	50	9180		
В	IRTH NO.	and sta	CERTIFICAT	E OF DEATH	Registered No			
	NAME OF DECEASED ype or Print) Cora Jo	hnson			2. DATE OF Oct.2	21,1950		
A.	PLACE OF DEATH: Baltimore City, Maryland		, City	A. USUAL RESIDENCE (W		stitution: residence before admission		
H	STITUTION	ore Cit	ion, give street address on HOSpitacion	c. CITY OR TOWN (If Baltimore	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
-	7,70 2	25 00111	Yrs.	D. STREET ADDRESS (If rural, give location)				
	Length of stay in Baltimore	Life	Mos. Days	No Home				
5.	SEX 6.COLOR OR RACE emale Negro	7. SINGLE WIDOW Widowe	MARRIED.	8. DATE OF BIRTH Nov. 25, 1875 9. AGE (In years) # Under I Year House 24 Bours In the last birthday) Months Days Hours Min.				
	A. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF				
13	3. FATHER'S NAME	ar	1 rame	14. MOTHER'S MAIDEN NA	I U	101th		
	Ruben Garrett			Margaret Hall		V		
15 (Ye	5. WAS DECEASED EVER IN U. S. ARMEI s, no or unknown) (If yes, give war or deter) FORCES? e of service)	16. SOCIAL SECURITY NO.	Records: B.C.H. 4940 Eastern Avenue				
	18.260 X		CAUSE	OF DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION							
	(This does not mean the mode of dying, e.g., (A) Broncho- oneumonia							
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO							
	ANTECEDENT CAUSES							
Z	DISEASES OR CONDITIONS, I	E ANY CIVIL						
ERTIFICATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.							
0								
분	11							
CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATE	Diabetes l	***************************************		20-30 Yrs.		
AL	4-27-45 of 10-22-119 V B	etic Gangrene	20. AUTOPSY?					
EDICA	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour)	21E. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?			
	OF INJURY							
	m. WORK AT WORK 19 ⁴⁹ to 10-21 19 ⁵⁰ that I last saw th							
	22. I hereby certify that I attended the deceased from 4-19, 19 ⁴⁹ , to 10-21, 19 ⁵⁰ , that I last saw the deceased alive on 10-21, 19 ⁵⁰ , and that death occurred at 9 P m., from the causes and on the date stated above							
	23A. SIGNATURE	200	-	23B. ADDRESS		23c. DATE SIGNED		
_	4A. BURIAL, CREMA- 248. DATE	Tog	M. D.	4940Eastern Aven	OCATION (City, town, o			
1	Second (Specify)		mf auch	un Cem, Br	ooklesse	ned		
	ATE RECEIVED BY REGISTRAR		Villianus, Mos	ELINY 1, WU	SMITHB	untlynof		
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7	536	50	9181
	BIRTH NO.		
	1. NAME OF D (Type or Print)	ECEASE	THOMAS
	3. PLACE OF D		ryland
	B. FULL NAME HOSPITAL OR INSTITUTION	OF (II	not in hospi Marine
	Wyman Pk.	Driv	e & 3ls
regiony.	50	BE/J	TIM9:
Teg	c. Length of s	tay in B	altimore
ng.	5. SEX	6.COLO	R OR RACE
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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

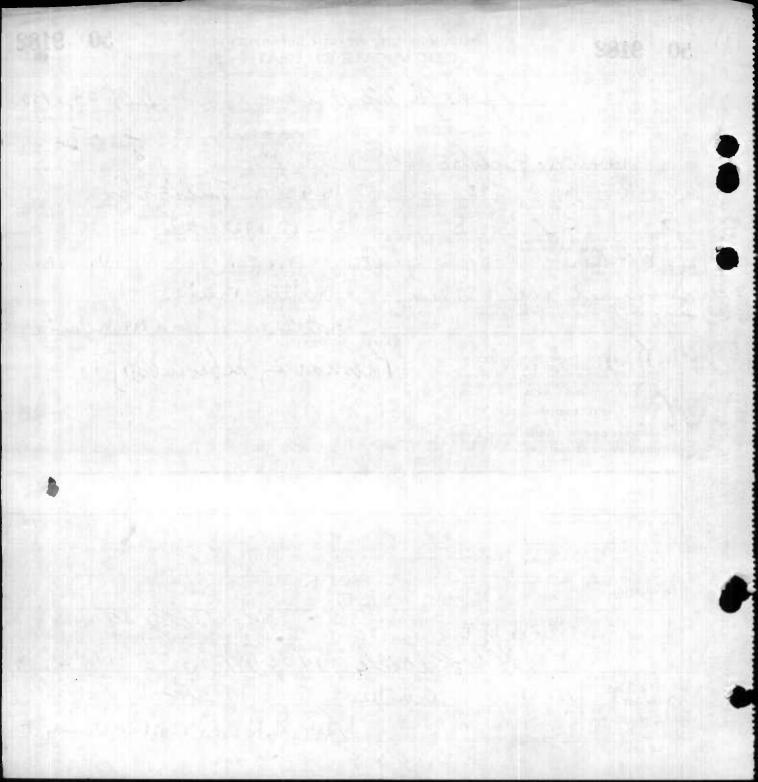
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В	RTH NO.			CERTIFICATI	E OF DEATH	8	
	NAME OF D 'ype or Print)		EMMET T	GUNTER		2. DATE OF Oet.	24, 1950
B. H	FULL NAME OSPITAL OR ISTITUTION	EATH: City, Maryland OF (If not in hospit US Marine I	al or institut	tion, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence as STATE B. COUNTY before admis Maryland		
-/	yman Pk.	Drive & 31st		Yrs.	D. STREET ADDRESS (If rural, give location)	1
		tay in Baltimore		9 days Mos.	U	cet Place	
5.	M M	6. COLOR OR RACE	7. SINGL	E. MARRIED. VED. DIVORCED (Specify) 112 16	11/4/98		nths Days Hours Min.
	k done during most o	CUPATION (Give kind of f working life, even if retired)	1130131	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S				14. MOTHER'S MAIDEN	NAME	0022
Charles Gunter				-14	Sarah Rowar	1	
15 (Ye	. WAS DECEASI	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Records- US	Marine Hospit	DDRESS al, Balto,Md.
ANTECEDENT CAUSES Z O DISEASES OR CONDITIONS, IF ANY, GIVING			g, (A) Pulm se, (B) Ulm (B)	monary tuberculo advanced ous thrombosis i		Unley our	
AL C		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL	HOMICIDE	ENT. SUICIDE. (Specify) (Month) (Day) (Year)	about home,	ACE OF INJURY (e.g., i farm, factory, street, office bldg., 21E, INJURY OCCURR WHILE AT NOT WHILE	etc.) INJURY OCCUR? ED 21F. HOW DID INJU	(If in Baltimore City, g	
2.	deccased at 23A. SIGNA L	live on pet, 24	ical D	rector M. D. 2	rred at 1823 Am., from 23B. ADDRESS US Marine Hospit RY OR SREMATORY 24D.		ate stated above 23c. DATE SIGNED 10/24/50
D	Suria ATE RECEIVE OCAL REGIST	D BY REGISTRAR	7-50 S SIGNATI	It. Vetus	25. FUNERAL DIRECTOR	merland t	ADDRESS ASA

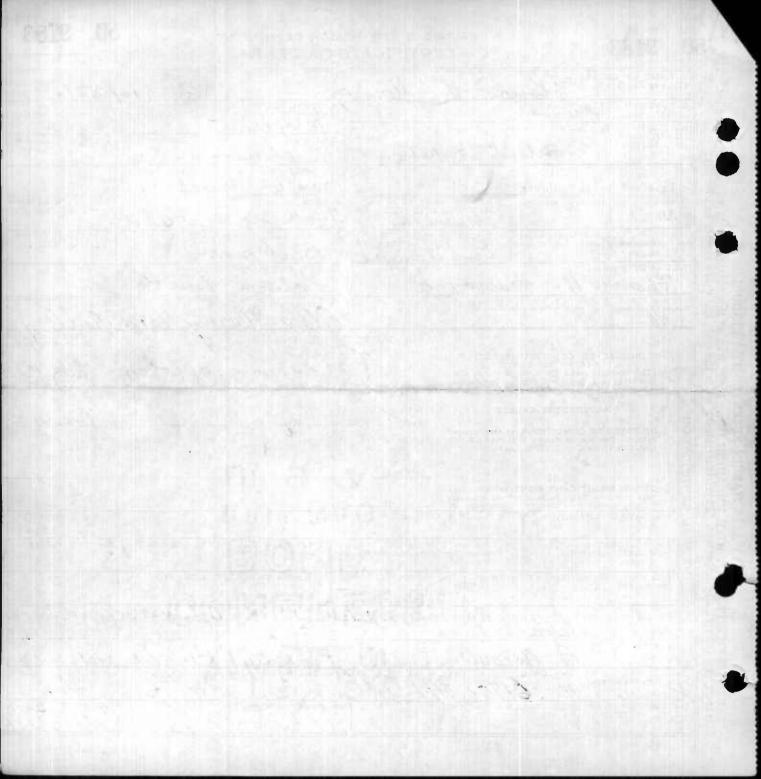
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41/	00	MURF	RAY	50	0400
30	9183		E OF DEATH	Registered No.	9183
1.	NAME OF DECEASED Print)	nas H. Marr	a	2. DATE OF	3/50
A	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Wh	ere deceased lived. If insti	tution: residence before admission
H	FULL NAME OF (If not in hosp OSPITAL OR ISTITUTION Provide	oital or institution, give street address or location)	C. CITY OR TOWN (If or	utside corporate limits, Wr	ite PORAL and giv township
		Yrs. Mos.	D. STREET ADDRESS (If ru	ral, give location)	
	Length of stay in Baltimore SEX 6.COLOR OR RACI	Days E 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Under last birthday) Months	1 Year If Under 24 Hours
	DA. USUAL OCCUPATION (Givekind	Married of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	50	CITIZEN OF
	k done during most of working life, even if retired Aur. 402 FATHER'S NAME	Davis chemical Co	M Baltimon		WHAT COUNTRY
	Thomas H. M		bliza +	mi th	
(Y	5. WAS DECEASED EVER IN U. S. ARM (If yes, give war or de	ED FORCES? tes of service) 16. SOCIAL SECURITY NO.	Edna Murre	W 7042/ 911	ullerry
	18. /53X		OF DEATH		INTERVAL BE WEE
	DISEASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which	ATH of dying, e.g., (A)	arcinoma o	foolon	July 195
7	ANTECEDENT CAL				A-1-Lace
CATIO	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION	A) STATING THE DUE TO			V.C.P-0! 7.3
RTIF	OTHER SIGNIFICANT CON				
CEF	OTHER SIGNIFICANT CONT TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED ON CAUSING IT.			
CAL	19a. DATE OF OPERATION	198. MAJOR FINDINGS OF OPER			YES NO
EDI	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
Σ	21D. TIME (Month) (Day) (Yea OF INJURY	r) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK		OCCUR?	
	22. I hereby certify that I a	ttended the deceased from Oct 23, 19 So, and that death occur	tober 21, 1910, to Oc	causes and on the de	at I last saw th
	23A. SIGNATURE M	icolas M.D.	PADD Leel K	torhital 123	o/23/JO
2	4A. BURIAL, CREMA 24B. DATE ON REMOVAL (Specify)	1950 WIT PULL	MY OR CREMATORY 240 LOS	CATION City, town, or co	(State)
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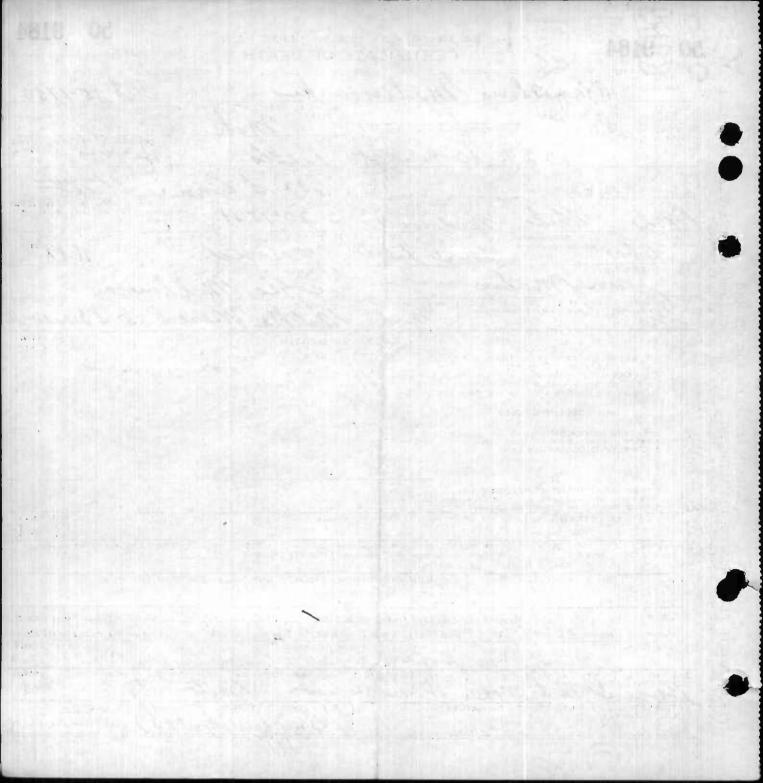


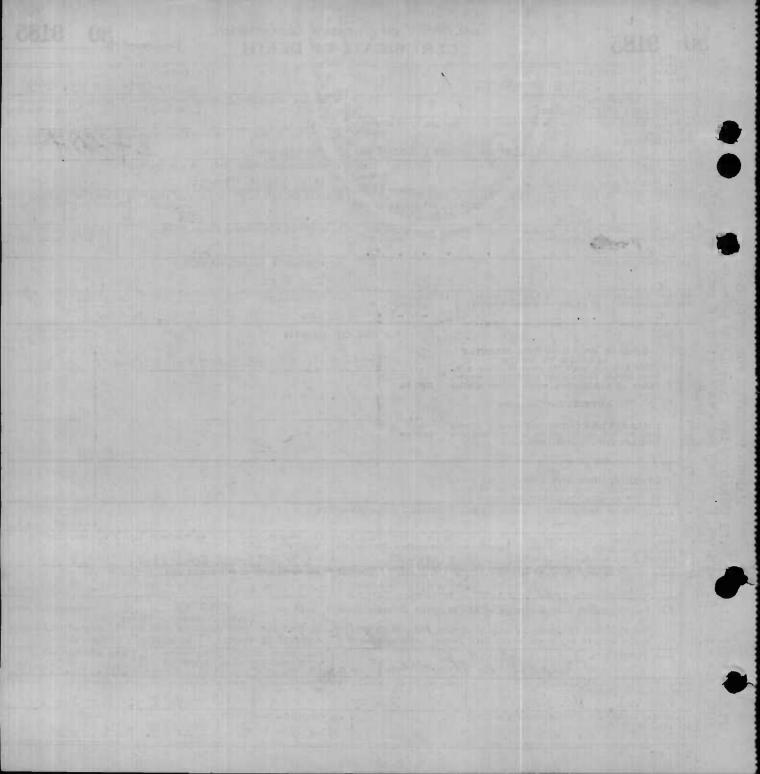
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASE 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland before admission) B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporationits write RURAL and give C. CITY OR TOW INSTITUTION township) (If rural, give location) Yrs. D. STREET ADDRESS Mos. unn c. Length of stay in Baltimore Days 6. COLOR OF RACE 7. SINGLE, MARRIED 8. DATE 9. AGE (In years) If Under 1 Year H Under 24 Hours WIDOWED, DIVORCED last birthday) Months: Days Hours: Min. 10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR 11. BIRTHPLACE State or foreign countre: 12. CITIZEN OF work done during met of working life, even if retired) abou. 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO no no NTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ZO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO 4 UNDERLYING CONDITION LAST. 瓦 (C) 11 RT OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? CA YES NO 21A. ACCIDENT, SUICIDE. 218, PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) ō HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE 6ct 2 1, 19 50 that I last saw the , 1949, to_ 22. I hereby certify that I attended the deceased from. deceased alive on of the date stated above. 23B. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE Det 24.1 24A. BURIAL, CREMAN DATE 24c. NAME OF CEMETERY OR CREMATORY 24D LOCATION (City, town, or county) REMOVAL (Spec DATE RECEIVED BY ADDRESS REGISTRAR'S SIGNATURE FUNERAL DIRECTOR LOCAL REGISTRAR VS 150



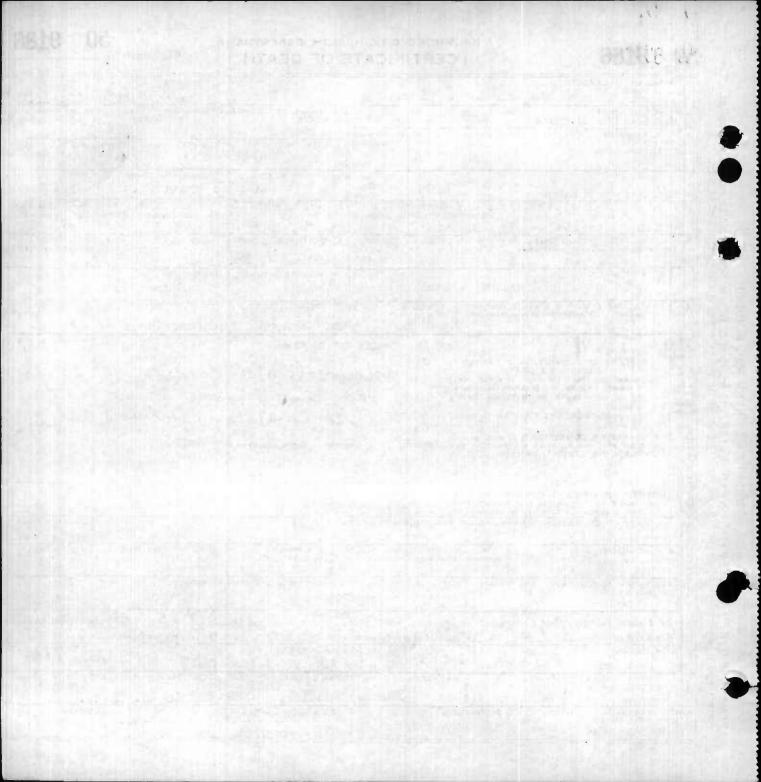


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9186 Registered No.

BI	RTH NO.	0		CLIVIII IC	<i>/</i> /\ L	OI BLAITI		
	NAME OF Di		7.0	s noner			2. DATE OF	
			LIA S.		110		DEATH UCT	ober 25, 1950
A.		ity, Maryland OU				4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution: residence before admission)
H	B. FULL NAME OF (If not in hospital or institution, give street address of location institution)					c. CITY OR TOWN (I	f outside corporate limi	its, write BURAL, and give township)
_					Yrs.	D. STREET ADDRESS (If	rural give location)	
c.	Length of st	tay in Baltimore		life	Mos. Days	3020 E	. Pratt St.	
	SEX	6. COLOR OR RACE	7. SINGLI WIDOW	E, MARRIED. VED, DIVORCED ((Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	It Under 1 Year It Under 24 Hours on the Days Hours Min.
	emale	white		rried		lug. 5, 1865	85	
	done during most o	CUPATION (Give kind of f working life, even if retired) Sewiie			OR	11. BIRTHPLACE (State or f	foreign country)	12. CITIZEN OF WHAT COUNTRY?
1.3	FATHER'S N		au	home		Baltimore, Md.	IAME	1 U.S.
	. TATTIER S I		rles Co	leman		14. MOTHER 5 MAIDER N	Margaret Ad	drian
15	. WAS DECEASE	D EVER IN U.S. ARMEI	FORCES?	16. SOCIAL	-	17. INFORMANT		ADDRESS
(10	no ar anknown)	(If yes, give war or date	s or service)	SECURITY		m. M. Appel, hus	sband, above	
	18. 42	2. 1		CAI	USE C	F DEATH		INTERVAL BETWEEN
	DISEAS (This does heart failu	E OR CONDITION LEADING TO DEA not mean the mode ore, asthenia, etc. It mes complication which	TH of dying, e ins the diseas	g., (A) a		ioscleratio	cardio	20 ys.
		ANTECEDENT CAUS	SES				0 0	
Z				(B)	acu	te congestiv		4 days
CATION	RISE TO T	S OR CONDITIONS, IN THE ABOVE CAUSE (A)	STATING T		an	I preumo	nia.	
RTIFIC	AS LUMP	П		(C)			***************************************	
ш	TRIBUTING	SIGNIFICANT COND	NOT RELAT	ED De	ml	ity		
U		F OPERATION 1		FINDINGS OF	OPERA	TION		20. AUTOPSY?
AL		0						YES NO
EDICA	21A. ACCIDE HOMICIDE	ENT. SUICIDE, (Specify)		ACE OF INJURY farm, factory, street, offi			If in Baltimore City,	give exact location)
Σ	21D. TIME ((Month) (Day) (Year)	(Hour)	21E. INJURY OC	CURRE	D 21F, HOW DID INJUR	Y OCCUR?	
	Or mook?		m.		WHILE			
	22. I hereb	y certify that I at	tended the	deceased from	cel			D, that I last saw the
	deceased alive on 12 24, 19 50, and that death occurred at 8:00 Am., from the causes and on the date stated above.							
	23A SIGNA	- 117-	che 1	MD M	D. 23	936 E. Ball	o. St	10/24 D
	4A. BURIAL,	CREMA- 248. DATE	14. III.I			Y OR CREMATORY 240. I		n, or county) (State)
TI	on REMOVAL (S	Oct.	19119	Holy Rede	emer	Cemetery 4430	Belair Rd. H	Balto Md
	ATE RECEIVE			JRE		25. FUNERAL DIRECTOR Schillunek Tunera	7 H T	ADDRESS
L	OCAL REGIST				0 6	2601-395 E.1 Madi	son St.	
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	22 WRITE PLA LT, WITH UNFADING INK. Every item of information ould be call lly copplied. The t age is especially important. Physicians: please write the causes of death clearly and legibly.	
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5. SEX

HEALTH DEPARTMENT Registered N CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE 4 Earl (Type or Print) OF TANUES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits, v C. CITY OR TOWN iw ILARAN and give INSTITUTION Township) 4 un one D. STREET ADDRESS (If rural, give location) Yrs. Mos. Marble Halk c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH If Under 1 Year 9. AGE (In years II Under 24 Hours WIDOWED, DIVORCED (Specify) last birthday) Months: Days Hours: Min. white married 10A. USUAL OCCUPATION (Givekind of IOB. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? American Brewery Driver-Salesman 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick Hayes Vola Finagi 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. -01-1974 (If yes, give war or dates of service) Ethel Hayes, wife, wbove

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY 19B. MAJOR FINDINGS OF OPERATION

21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from de

deceased alive on 00/ 28, 1950, and that death occurred at 12.40 23B_ADDRESS

23A. SIGNATURE 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

21B. PLACE OF INJURY (e. g., in or

about home, farm, factory, street, office hldg., etc.)

23C. DATE SIGNED 24D. LOCATION (City, town, or county)

3310 Taylor Ave., Baltimore

1 25, 19 50 that I last saw the

(If in Baltimore City, give exact location)

Am., from the causes and on the date stated above.

burial DATE RECEIVED BY LOCAL REGISTRAR

HOMICIDE

21A. ACCIDENT, SUICIDE.

(Specify)

REGISTRAR'S SIGNATURE

28,1950

21c. WHERE DID

INJURY OCCUR?

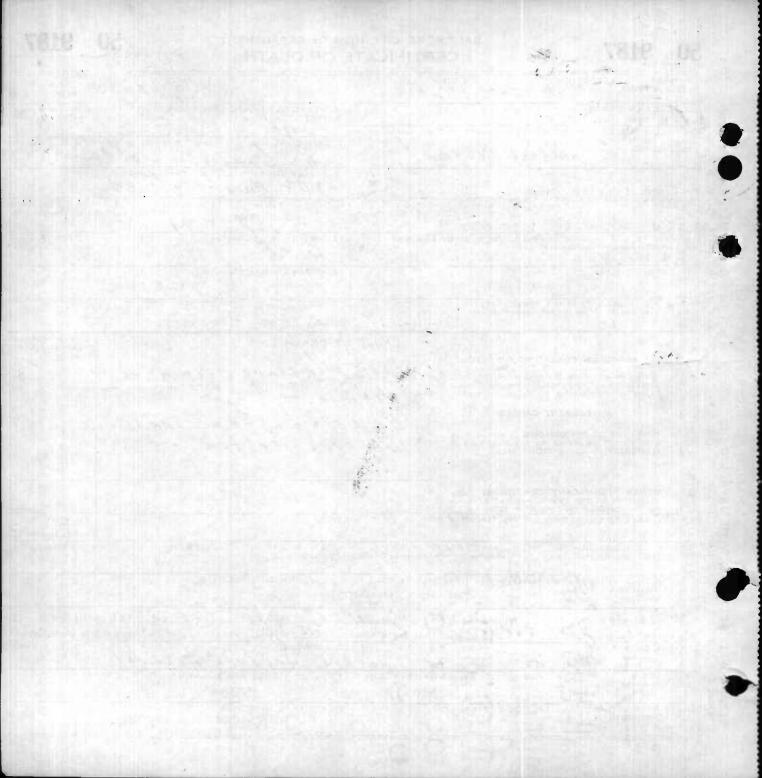
21F. HOW DID INJURY OCCUR?

19 52 to.

25. FUNERAL DIRECTOR ADDRESS Schimune Funeral Home, Inc.

VS 150

10-25-50



S-	50 BALTIMORE CITY HE CERTIFICATE	EALTH DEPARTMENT 50 9188 E OF DEATH Registered No.
The	1. NAME OF DECEASED WILHELMINA SI	EGMAN 2. DATE Oct. 24, 1950
pplied.	3. PLACE OF DEATH: A Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If institution: residence a. STATE Maryland B. COUNTY before admission)
A. C.	HOSPITAL OR location) INSTITUTION Johns Hopkins Hospital	
ibly.	Yrs. Langth of stay in Poltimore life Mos.	D. STREET ADDRESS (If rural, give location)
huld be cally and legibly.	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Months Days Hours Min.
arly a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ntion th cléarl	13. FATHER'S NAME Berthold Schell	14. MOTHER'S MAIDEN NAME Charlette Bast
BINDING of information uses of death cl	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Charlotte Schell, sister, above
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians: please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	of pelvis with crushing ry of abdomen and left thigh
PT4	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY?
, WITH	21a. EXTERNAL CAUSE WAS DOUBLE TO THE STREET OF DEATH. 21b. PLACE OF INJURY (e. g., it shout home, farm, factory, atreet, office bldg., of the shout home.	n or 21C. WHERE DID (If in Baltimore City, give exact location)
WRITE PLA	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Oct. 24, 1950 6 P m. WHILE AT NOT WHILE AT WORK 22. I certify that I took charge of the remains described at the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. SIGNATURE 24A. BURIAL, CREMA- 24BODATE 24C. NAME OF CEMETE TION REMOVAL (Specify)	purse caught in bus door and deceased was dragged on street bove, held an Inspection or Inquiry hove, held an Autopsy, Inspection or Inquiry find that said deceased died on the day stated above, a cacident , suicide , homicide , undetermined 238. CHIEF MEDICAL EXAMINER. 233. DATE SIGNED ASSISTANT MEDICAL EXAMINER. Oct. 25, 1950 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
PLEA correct ag	DATE RECEIVED BY REGISTRAR'S SIGNATURE COLORAL REGISTRAR VS 151	orth Ave. & Rose St. 25 FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-5-5- R autson St.
	11-808.2 690 4	7

I, WITH

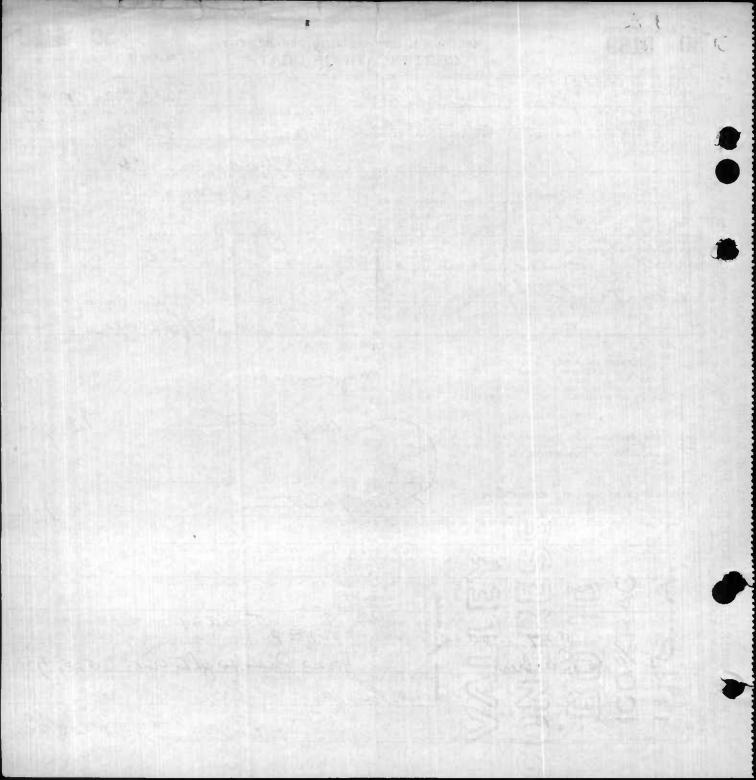
PLEANS WRITE PLA

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9189 50

Registered No.

BI	RTH NO.			0=111110/11			
(T	NAME OF D ype or Print)	John	FX	lalford		of DEATH Oct.	24 1950 // 71
A.		City, Maryland 4	7232	selectore are	4. USUAL RESIDENCE (VA. STATE	Where deceased lived. If	institution : residence before admission)
H	SPITAL OR STITUTION	OF (II not in nospi	ai or instituti	on, give street address or location)		f outside corporate limits	s write RUKAL and give township)
-0				Yrs.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore		Mos. Days	472300	lawore O.	re
5.	ALAO A	6. COLOR OR RACE		MARRIED. ED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Rooms nths Days Hours Min.
10 work	A. USUAL OC	COPATION (Give kind of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
103	FATHER'S	Xalesman AME	Taes	nent.	14. MOTHER'S MAIDEN N	AME.	W. S. CC.
(Alin .	F. Star	ford		annie Ma	O Inen	
15	, no or unknown)	D EVER IN U. S. ARME (If yes, give war or vate	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Plus M.	Statlans 47	DDRESS Ore
	18. L/2	2,2	154	X CAUSE	OF DEATH	77	INTERVAL BETWEEN
	(This does	SE OR CONDITION LEADING TO DEA not mean the mode	TH of dying, e.g	, (A) m	yo cards dis	***************************************	June 1, 1548
		re, asthenia, etc. It mes complication which			0		
~		ANTECEDENT CAU	SES		14 y Retu	~~	71 000
ATIO		S OR CONDITIONS,					120 1.7 3.0
FICA.	UNDERLY	YING CONDITION L	AST.				
RTIF	0=11=0	11		(C)	/2		
CEF	TRIBUTING	SIGNIFICANT COND TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D / Ca (3 Kelum-		pel 1950
AL	19A. DATE O	F OPERATION	19B. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA		NT, SUICIDE, (Specify)		CE OF INJURY (e. g., arm, fectory, street, office bldg.,		If in Baltimore City, g	rive exact location)
Σ	21D. TIME (OF INJURY	(Month) (Day) (Year		TE. INJURY OCCURR		Y OCCUR?	
			m.	WORK NOT WHILE			
	22. I hereby	y certify that I at	tended the	deceased from the and that death occu	red at 1145, for from t		2, that I last saw the ne date stated above.
	23A. SIGNAT		, 1 <i>0 11</i> 12. (tha that accent occa	23B. ADDRESS	1 1	23c. DATE SIGNED
2/	A. BURIAL.	CREMA- 24B. DATE		M. D.	4723 Parls Her	OCATION (City, town,	or county) / (State)
TIC	PREMOVAL (S	pecify)	7/50	Druid Ric	lac Rich	essillo. V	ud.
	ATE RECEIVED	RAR	SIGNATU	RE SULLEY M.	25. FUNERAL DIRECTOR	ers/5005 1	ADDRESS PARA
-11	VS 150						- Sylvene
1						0	460



VS 150

A MANAGERS

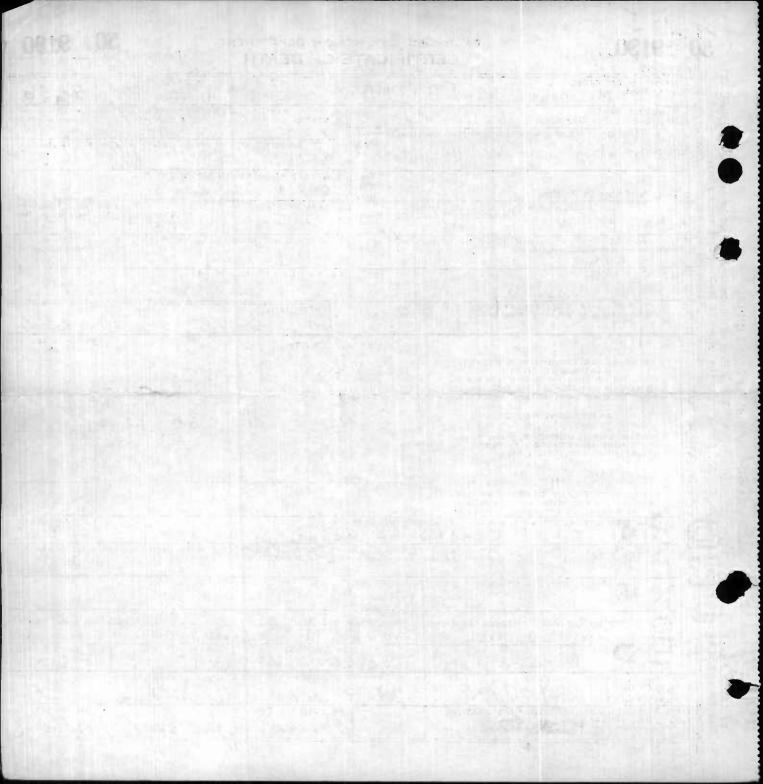
MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT

50 9190

046 a

5	U	0100		E OF DEATH	Registered No.	9190
d. The	1.	NAME OF DECEASED (Spe or Print) Ma. FRANK W.	FAIRMAI	V	2. DATE OF DEATH	25-50
pplied	A.	Baltimore City, Maryland	to. Md.	4. USUAL RESIDENCE (WA. STATE		itution: residence before admission)
Alykes.	H	FULL NAME OF (If not in hospital or inst OSPITAL OR NSTITUTION BON Secouns	Hospital		outside corporate limits, wr	rite RURAL and give township)
ca, legibly	c.	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If)	rural, give location) dele 5 f.	
ould be		. SEX 6. COLOR OR RACE 7. SIN	GLE, MARRIED, OWED, DIVORCED (Specify)	8. DATE OF BIRTH		Days Hours Min.
ear		DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
information s of death cl	13	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
of info	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES 58, no or unknown) (If yes, give war or dates of service	16. SOCIAL SECURITY NO.	Mrs Engl	e 2018 all	undaledt
y item		DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the di	e. g., (A)	nanition)	INTERVAL BETWEEN ONSET AND DEATH
INK.	CATION	injury or complication which caused d ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, G RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.	IVING (B) Cd	ncer of e	esophago	4
UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT RE. TO THE DISEASE OR CONDITION CAUSIN	LATED			
A. 4	L	19A. DATE OF OPERATION 19B. MAJ	OR FINDINGS OF OPER	RATION		20. AUTOPSY?
Y, WITH important.	EDICA	21A. ACCIDENT. SUICIDE, 21B.	PLACE OF INJURY (e. g., i	nor 21c. WHERE DID (I. etc.) INJURY OCCUR?	f in Baltimore City, give	exact location)
N P	Σ	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?	
TE PLA		22. I hereby certify that I attended a deceased alive on 10-11, 195	the deceased from Oct.	rred at 12:50 m., from th	he causes and on the d	late stated above.
WRI'	-2	23A. SIGNATURE Mendy	M. D.	23B. ADDRESS 2025 W. Fay	1.8	3c. DATE SIGNED 16-25-50 county) a (State)
PLEASE correct a		4A. BURIAL, CREMA- ON REMOVAL (Specify) ATE RECEIVED BY REGISTRAN'S SIGN.	to Ant C	Elinex 245. EUNERAL DIRECTOR	Baltunge	press (State)
PL.		ATE RECEIVED BY REGISTRAR'S SIGN.	WINE CAMINE	Hame Coly	1600 Ant	Torth are



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9191 Registered No.

0 9191 BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	L WILLIA		2. DATE OF DEATH OAT 25195
3. PLACE OF DEATH: A. Baltimore City, Maryland			ere deceased lived. If institution: residence B. COUNTY before admission
B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION	institution, give street address or location)	c. CITY OR TOWN (If ou	tside corporate limit, write UUIS and g
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If run	ral, give location)
5. SEX 6. COLOR OR RACE 7.	SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	(1b. 22 1872)	AGE (in years If Under 1 Year last birthday) Months Days Hours M
100 USUAL OCCUPATION (Give kind of 10 rept done during most of working life, even if retired) Allund Julman (18. FATHER'S NAME	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore Ollo No. 14. MOTHER'S MAIDEN NAM	WHAT COUNTE
Egid Ette	0	Caroline	doller
15. WAS DECEASED EVER IN U. S. ARMED FOI (Yes, no or nnknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	Mrs. Mary C. 2	lebes - 5311 Catalok
DISEASE OR CONDITION DIRECTION LEADING TO DEATH (This does not mean the mode of dy heart failure, asthonia, etc. It means the injury or complication which cause	ectly ring, e.g., ne disease.	of alant 2	INTERVAL BETWEE ONSET AND DEA
Z O DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST.	(B) Y, GIVING TING THE DUE TO (C)		over
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE DR CONDITION CAL	RELATED GENE	alizid arta	Tio silendris
19a. DATE OF OPERATION 19b. 1	MAJOR FINDINGS OF OPER	ATION	YES NO
= 21A. ACCIDENT WAS UNDER- 2	TIB. PLACE OF INJURY (e. g., in out home, farm, factory, street, office bidg., e	or 21c. WHERE DID (If i	n Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Horof INJURY	m. WHILE AT NOT WHILE		OCCUR?
deceased alive on 2 2 11	ed the deceased from 10- 950, and that death occur	78-	causes and on the date stated abo
23A. SIGNATURE		3B. ADDRESS	23c. DATE SIGNE 10-25-5
100 REMOVAL (Specify)	24C. NAME OF CEMETE	edelme 8	ATION (City, town, or county) (Stat
DATE RECEIVED BY REGISTRAR'S ST	GNATURE.	25. FUNERAD DIRECTOR	305 Harland Rol

VS 150

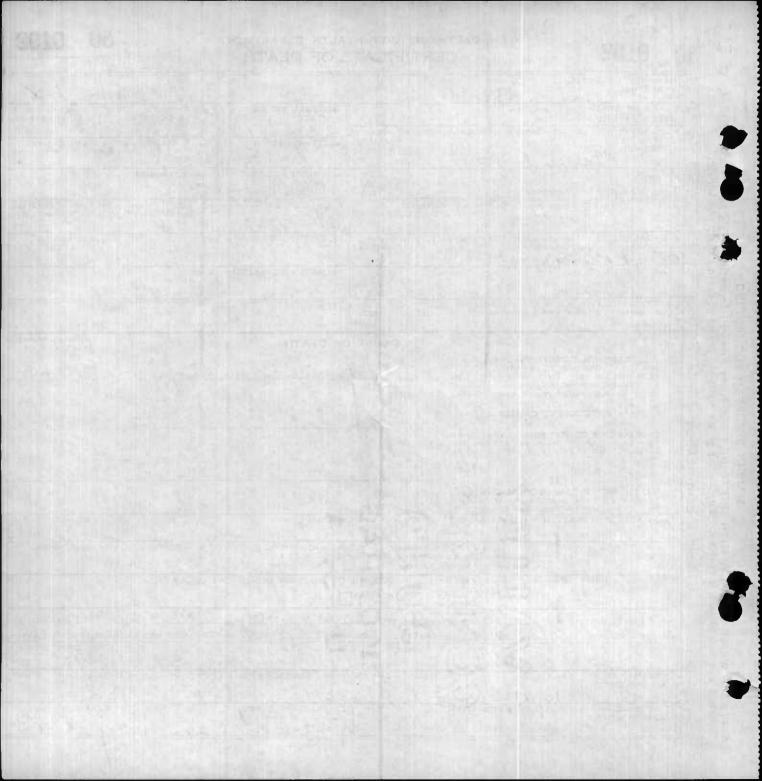
Lungs involved. Information obtained from Bureau of Tuberculosis report card. 2/1/51.

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	rendily	legibly.
	snould be	learly and
MARGIN RESERVED FOR DINDING	information	of death c
FOR DIN	item of	he causes
PRADD	. Every	e write t
KEDI	G INK	: pleas
MARKE	UNFADIN	Physicians
	NLY, WITH UNFADING INK. Every item of information should be arguilly applied	y important. Physicians: please write the causes of death clearly and legibly.
1	- (5

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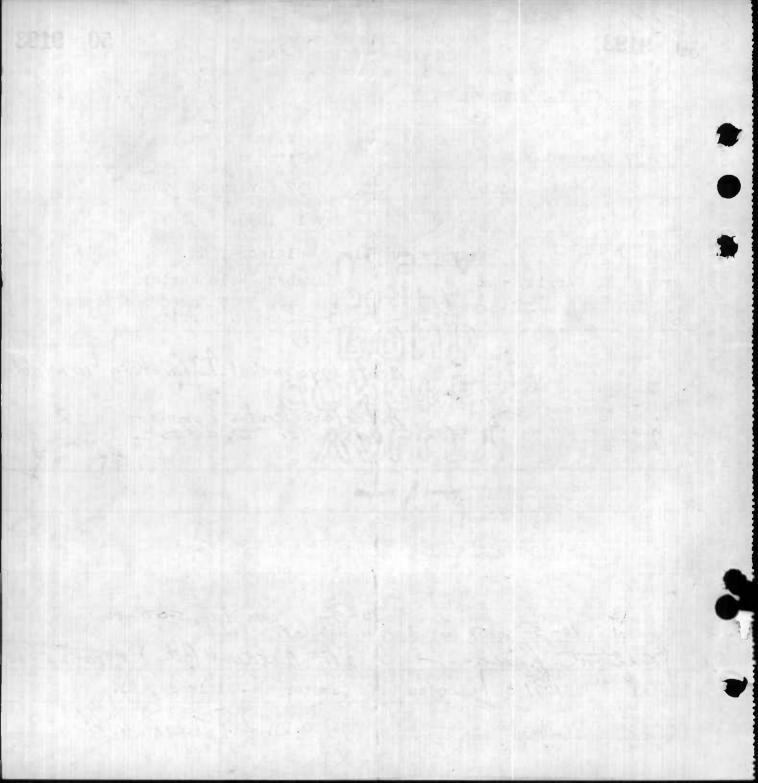
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF location (If outside corporate limits) write RURAL and give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mas. Davs let c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Widower 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUST 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY WHAT COUNTRY? RETIRED RECIEVING SA enna. U.S.A 14. MOTHER'S MAIDEN NAME 4619 anna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) (Yes, no or unknown) SECURITY NO Yinor unknowa The 1 5ame INTERVAL BETWEEN 18. 4201 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH cute Myocardial Infarction (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Ĭ. (C) ш OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 20. AUTOPSY? 198. MAJOR FINDINGS OF OPERATION MEDICAL NO 218. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 10/24 1950, to 19/25 1950 that I last saw the deceased alive on 10/25. 1950, and that death occurred at 14.m., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED age 1251 BURIAL, CREMA-24D. LOCATION (City, town, or county) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY HON. REMOVAL Specify DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR DDRESS LOCAL-REGISTRAR " water or / whenter !! VS 150



1	1 (30	No. of the			-0.0100
The	50	9193 RTH NO.	CERTIFICATI		Registered No	50 9193
pplied. T	(T	NAME OF DECEASED (ype or Print) WILLIAM JOHN	GARRITY		OF DEATH OCT.	
Dopli	B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or in OSPITAL OR ISTITUTION	nstitution, give street address or location)	4. USUAL RESIDENCE (W A. STATE Maryland	B COLINITY	before admission
efull;			venwood Avenue Yrs. Mos.		Baltimore D. STREET ADDRESS (If rural, give location)	
ould be	5.	M W Ma	e Days INGLE, MARRIED, I'DOWED, DIVORCED (Specify) arried	8. DATE OF BIRTH May 1, 1898	26	nder I Year ths Days Hours Min.
ear	H		ardware suppli	Baltimore, 14. MOTHER'S MAIDEN NA	Md.	USA COUNTRY
R BINDING em of information causes of death c	B	ernard W. Garrity . WAS DECEASED EVER IN U. S. ARMED FORCE	CES? 16. SOCIAL	Elizabeth Kelc	henstein	Venue
BINDIN of inforuses of d	N N	s, no or unknown) (If yes, give war or dates of serv	216=85-70074	Mrs. Lena B. G	arrity	INTERVAL BETWEEN
ESERVED FO INK. Every it lease write the	CATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthenia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	disease, death.) Due to	emycardial I rio-sclenotic o scular Dis		10 minote
MARGIN R UNFADING Physicians: p	CERTIFI	OTHER SIGNIFICANT CONDITION: TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION CAUS	RELATED			
ht .	CAL		AJOR FINDINGS OF OPER		f in Baltimore City, gi	20. AUTOPSY? YES No A
Ily impor	MEDI		t home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		ve exact location)
WRITE ge is especia		22. I hereby certify that I attended deceased alive on 16-5-, 19. 23A. SIGNATURE MULTIPE. Law.	4 m. D.	rred at G. P. m., from the 138. ADDRESS (17) Belave	Rd	e date stated above 23c. DATE SIGNED 10-25-50
PLEASE correct ag	D	AA. BURIAL, CREMA 248. DATE ON, REMOVAL (Specify) 10/27/50 ATE RECEIVED BY REGISTRAR'S SIG	Loudon Park	Cemetery Balt	timore, Md.	ar county) (State)
PI	1		10/11/0	HENRY SANDER BALTO. 13, MD.	Deleve J.	Biel
			690 69	4		0932

MARGIN RESERVED FOR BINDING



UNFADING INK. Every item of information and be refully applied. The Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE Correct age is especially important.

MARGIN RESERVED FOR BINDING

50

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9194 50 Registered No.

BI	RTH NO. 5	2.0999	~	OLIVINI 10/VII			
1.	NAME OF D					2. DATE OF	
(1)	ype or rrint)		Baby Del	lores Cole		DEATH Octob	er 1.1950
	Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (
		OF (If not in bospi	tal or instituti	ion, give street address or	Maryland		
	STITUTION			location)	c. CITY OR TOWN (1	f outside corporate limits	write RURAL and give township)
-	2	The Johns Ho	pkins H		Baltimore D. STREET ADDRESS (If	26	township)
				Yrs. Mos.			
		tay in Baltimore		Days	1)	Madison Stree	
	SEX Female	6. COLOR OR RACE	7. SINGLE WIDOW Sing	E, MARRIED, VED, DIVORCED (Specify)	October 1.1950		Under 1 Year Il Under 24 Hours nths Days Hours Min.
		CUPATION (Givekindo	108. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or i	foreign country)	12. CITIZEN OF
work	done during most	of working life, even if retired t	-	INDUSTRY	Baltimore, Mar	ryland	WHAT COUNTRY?
13	. FATHER'S	VAME			14. MOTHER'S MAIDEN N	AME	53 CA /50 (14/7)
		Charles Mobl	еу		Delores Cole		
15	. WAS DECEAS	ED EVER IN U.S. ARME (If yee, give war or dat	D FORCES?	16. SOCIAL	17. INFORMANT	1A	DDRESS
(100	i, no or unanown)	(11 you, give war of the	es of service)	SECURITY NO.	Hospital H	Records	
							INTERVAL BETWEEN
	18. 761	SE OR CONDITION	DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
		LEADING TO DEA	TH		1	:/.	
	heart fail	ure, asthenia, etc. It me	ans the diseas	se,			
	injury or	complication which	caused death	n.) DUE TO		0	
		ANTECEDENT CAU	SES	P	-		
Z				(B)	emalecal	Ward-bog	
E	RISE TO	S OR CONDITIONS, THE ABOVE CAUSE (A) STATING TH				
4	UNDERL	YING CONDITION L	AST.	01			
FIC				in Hall	and blacei	to been	
RTIF	e-Sharton	II		(0)			
CER	TRIBUTIN	SIGNIFICANT CONE G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATE	ŁD .		V	
				FINDINGS OF OPER	RATION		20. AUTOPSY?
A							YES NO
CA	21A. ACCID	ENT. SUICIDE.	218. PL	ACE OF INJURY (e.g., i		(If in Baltimore City, g	give exact location)
MEDI	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg., (etc.) INJURY OCCUR?		
2		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	-3 -3 -50 0		
	22. I herel	by certify that I at	tended the	deceased from UCL	ober 1. , 19 50 to Oc	ctober_1., 1950), that I last saw the
			11950		rred at 8:00 Pn., from	the causes and on th	
101	234 SIGNA	TURE	1	, () 2	23B. ADDRESS		23c. DATE SIGNED
-	1. Ires	001 131. 7	rest	M N. D.	601 N. Bro		10-4-50
24	A. BURIAL, ON REMOVAL (CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. I	_OCATION (City, town,	or county) (State)
1	Jit, HEMOTAL ()	,		Host brus	Turn		
	ATE RECEIVE	D BY REGISTRAR	SSIGNATU	JRE	25. FUNERAL DIRECTOR		ADDRESS
L	DCAL REGIST	RAR	di di	William, MA	0 0 0		
11	01.179	13001 22	waist !	Increase Int.	6		

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No 50 9195

046 e aux.

1. NAME	OF DECEASED	CERTIFICATI	E OF DEATH	Registered N	
(Type or I	Print) Joh	n W. Nickel	A	BP ANTO TEL	24/50
3. PLACE A. Baltin	OF DEATH: nore City, Maryland NAME OF (If not in hos)	pital or institution, give street address or	4. USUAL RESIDENCE (V	Where deceased lived, If s. COUNTY	institution: residence before admission
HOSPITA	I OR SA36 Edmon	dson Ave.	c. CITY OR TOWN (If Baltimere	outside corporate Umit	s, was RAL and giv township
c. Lengt	h of stay in Baltimore	67 yrs Yrs. Mos. Days	5. STREET ADDRESS (If 3436 Edmondso)		
5. SEX Male		E 7. SINGLE, MARRIED. WHOPWID, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Year It Under 24 Heur nths Days Hours Min
Neti	AL OCCUPATION (Give kind pg most of working life, even if retire	Brewery Salesman	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY
	Nickel		14. MOTHER'S MAIDEN N. Unknewn	AME	
15. WAS D (Yes, no or un	ECEASED EVER IN U. S. ARM	ED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	Al	DDRESS
18.	53X.	CAUSE	OF DEATH		INTERVAL BETWEE
	DISEASE OR CONDITION LEADING TO DE tis does not mean the mod	EATH Carci	noma of the ascen	ding colon	Few months
hea inj	rt failure, asthenia, etc. It nury or complication which ANTECEDENT CA SEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION	neans the disease, caused death.) DUE TO USES (B)		wing colon	TOW MONORS
hea	rt failure, asthenia, etc. It n ury or complication which ANTECEDENT CA BEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION	neans the disease, caused death.) DUE TO USES (B)		aring colon	- I OW INCOME
hea inji	rt failure, asthenia, etc. It nury or complication which ANTECEDENT CA BEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION II HER SIGNIFICANT CON BUTING TO THE DEATH, BE	neans the disease, caused death.) DUE TO USES (B)		aring Colon	
hee inji	rt failure, asthenia, etc. It n ary or complication which ANTECEDENT CA SEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION II HER SIGNIFICANT CON BUTING TO THE DEATH, BE THE DISEASE OR CONDITION ATE OF OPERATION	neans the disease, caused death.) DUE TO USES (B)	RATION	aring colon	20. AUTOPSY?
NO DIS UN TREE TO	rt failure, asthenia, etc. It nary or complication which ANTECEDENT CASEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION II HER SIGNIFICANT CONBUTING TO THE DEATH, BUTTHE DISEASE OR CONDITION ATE OF OPERATION (1950). 1. 1950 1. CCIDENT, SUICIDE,	DUE TO USES (B) (B) (IF ANY, GIVING A) STATING THE LAST. (C) (DITIONS CON- DIT NOT RELATED ON CAUSING IT. 198. MAJOR FINDINGS OF OPER Carcinoma of the 218. PLACE OF INJURY (& E, E)	RATION ascending colon in or 21c, WHERE DID ()	If in Baltimore City, 1	20. AUTOPSY? YES NO
NO DIS UN TRIES UN TO	rt failure, asthenia, etc. It nary or complication which ANTECEDENT CASEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION II HER SIGNIFICANT CONBUTING TO THE DEATH, BUTTHE DISEASE OR CONDITION ATE OF OPERATION (1950). 1. 1950 1. CCIDENT, SUICIDE,	neans the disease, caused death.) DUE TO USES (B)	RATION ascending colon in or 21c, WHERE DID (1) etc.) INJURY OCCUR?	If in Baltimore City, s	20. AUTOPSY? YES NO
HOMING THE PROPERTY OF THE PRO	rt failure, asthenia, etc. It nury or complication which ANTECEDENT CA SEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION II HER SIGNIFICANT CONBUTING TO THE DEATH, BUTHE DISEASE OR CONDITION ATE OF OPERATION CCIDENT, SUICIDE. (Specify)	DUE TO USES (B) (IF ANY, GIVING A) STATING THE DUE TO LAST. (C) DITIONS CON- DIT NOT RELATED ON CAUSING IT. 19B. MAJOR FINDINGS OF OPER Carcinoma of the 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	RATION Ascending colon in or 21c, WHERE DID (colon) in or 1NJURY OCCUR?	If in Baltimore City, s	20. AUTOPSY? YES NO
NOTE OF IN PROPERTY O	rt failure, asthenia, etc. It norty or complication which ANTECEDENT CA SEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION OF THE SIGNIFICANT CONBUTING TO THE DEATH, BUTTHE DISEASE OR CONDITION OF THE CONDIT	reans the disease, caused death.) DUE TO USES (B)	RATION ascending colon in or 21c, WHERE DID (colon) INJURY OCCUR? ED 21f. HOW DID INJURY t. 26, , 1950 to 0 rred at 6 P. Man., from t	If in Baltimore City, and the control of the contro	20. AUTOPSY? YES NO Egive exact location) 0, that I last saw the date stated above
VO DIS RIS UN OT TRE TO 19A. E OCT 19A. E OC	rt failure, asthenia, etc. It norty or complication which ANTECEDENT CA SEASES OR CONDITIONS E TO THE ABOVE CAUSE (DERLYING CONDITION OF THE SIGNIFICANT CONBUTING TO THE DEATH, BUTTHE DISEASE OR CONDITION OF THE CONDIT	DUE TO USES (B) (IF ANY, GIVING A) STATING THE DUE TO LAST. (C) (DITIONS CONDITIONS OF OPER CARCINOMA OF THE AT WORK AT STATING THE DUE TO LAST. (C) (C) (DITIONS CONDITIONS OF OPER CARCINOMA OF THE AT WORK ABOUT HOUR) 218. PLACE OF INJURY OCCURR WHILE AT NOT WHILE AT WORK AT WORK AT WORK AT WORK (IT ANY WORK AT WORK) AT HOUR OF THE AT WORK AT WORK (IT ANY WORK) (IT ANY WO	RATION ascending colon in or 21c, WHERE DID (Colon) INJURY OCCUR? ED 21f. HOW DID INJURY 1. 26, , 1950 to 0	If in Baltimore City, and on the causes and the causes are causes and the causes and	20. AUTOPSY? YES NO Egive exact location) 0, that I last saw the date stated above 23c. DATE SIGNED 10/26/50

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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

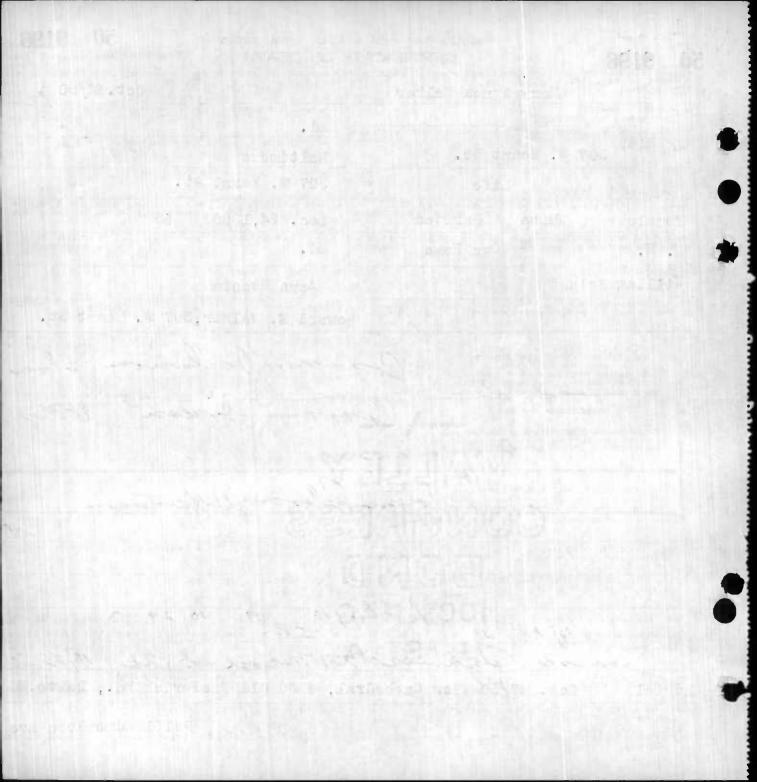
50 9196 Registered No.

Q _{RTH} 91	196	CERTIFICAT	E OF DEATH	Registered	No		
	F DECEASED	Agnes Walker	#7	2. DATE OF DEATH	. 24/50		
3. PLACE C	re City, Maryland	tal or institution, give street address or	4. USUAL RESIDENCE	(Where deceased lived, I B. COUNTY	f institution: residence before admission		
HOSPITAL INSTITUTION	OR	location)	Baltimore (lf outside corporate lim	its, write RURAL and g townsh		
	of stay in Baltimore	Life Yrs. Mos. Days	307 S. Moun	If rural, give location)			
Femal	e 6.COLOR OR RACE	7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify)	Dec. 24,188	9. AGE (In years last birthday)	if Under 1 Year if Under 24 He Ionths Days Hours M		
10A. USUAI	CCUPATION (Give kind of most of working life, even if retired)	Own Home INDUSTRY	11. BIRTHPLACE (State or Md.	foreign country)	12. CITIZEN OF WHAT COUNTR		
Willi	am Boland		14. MOTHER'S MAIDEN				
15. WAS DE	CEASED EVER IN U. S. ARME nown) (If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO. 1	17. INFORMANT Walk	er,307 S. i	Mount St.		
M TRIBE	ANTECEDENT CAUS ASES OR CONDITIONS, IN TO THE ABOVE CAUSE (A) ERLYING CONDITION LABORED TO THE ABOVE CAUSE (A) ERLYING CONDITION LABORED TO THE DEATH, BUT	F ANY, GIVING STATING THE DUE TO AST. (C)	Polemis)	Lylenten	18 Mrs		
	TE OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION	A The state of the	20. AUTOPSY		
LYING	CCIDENT WAS UNDER- OR CONTRIBUTING OF DEATH	21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City,	give exact location)		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WO						
deccase	ereby certify that I at ed alive on 15/28 SNATURE	Catsenbergero.	23B. ADDRESS 721 Medical	the cluses and on	16/25/5		
Barray	AL CREMA- 24B. DATE Oct. 2'	1/50 New Cathedra	ery or CREMATORY 24b.	rederick R	d., Balto.		
DATE RECI	CIETRAR	'S SIGNATURE	25 FUNERAL DIRECTOR	1.2	address imondson Av		

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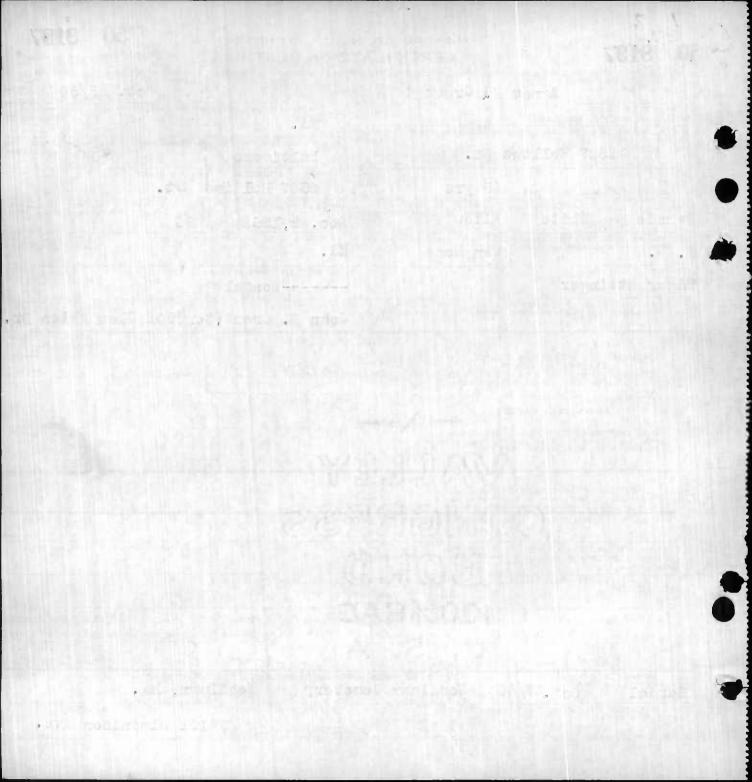


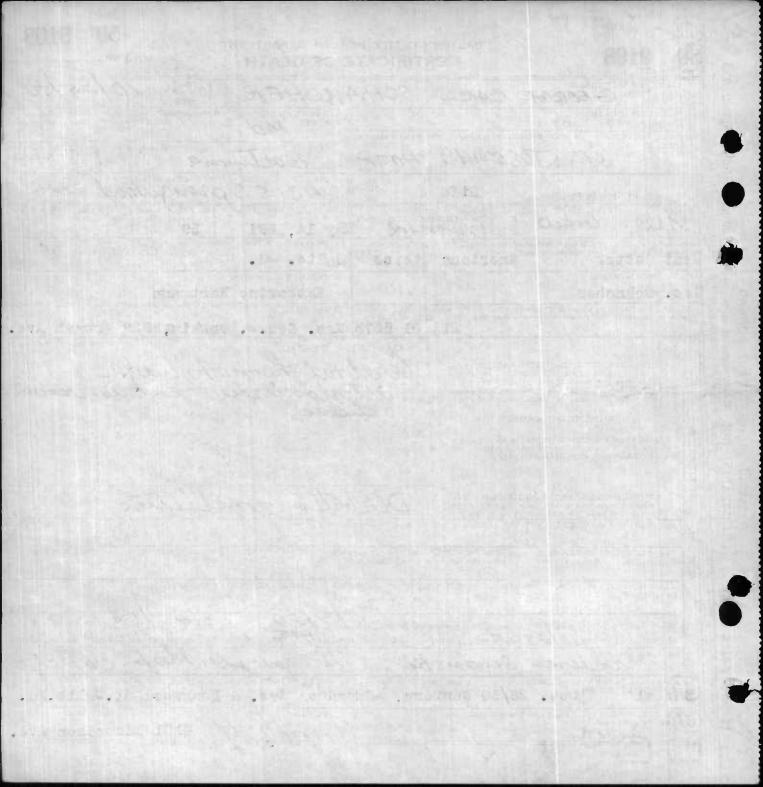
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9197

BIRTH NO.		CE	RTIFICAT	E OF DE	AIH	Register	red 140
1. NAME OF E (Type or Print)	Agnes	H. Creu	ıt		50	2. DATE OF DEATH OC	t. 25/50
	City, Maryland			A. STATE	ESIDENCE (Where deceased liv B. COUNT	ved. If institution: residence TY hefere admissio
B. FULL NAME HOSPITAL OR INSTITUTION	2527 Hollin		give street address o location			outside corporate	hihits, write RURAL and gi townshi
c. Length of	stay in Baltimore	55 yrs	Yrs. Mos. Days	25.27	DDRESS (If Hollin	rural, give location	on)
s.sex Female	6. COLOR OR RACE	7. SINGLE, M.	ARRIED, DIVORCED (Specifi	Dec. 2.		9. AGE (In year last birthday 86	mrs If Under 1 Year If Under 24 Hory) Months Days Hours Mi
10A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	Own Hon	BUSINESS OR INDUSTR	11. BIRTHPLA	ACE (State or f	oreign country)	12. CITIZEN OF WHAT COUNTR
13. FATHER'S				14. MOTHER		AME	
15. WAS DECEAS	ED EVER IN U. S. ARMEI (If yes, give wer or date	D FORCES? 16	SECURITY NO.	John E.	Crout (Son)502	Glen Allen Dr
UNDERL	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	F ANY, GIVING STATING THE AST.	(B) DUE TO (C)				
LI TRIBUTIN	SIGNIFICANT CONDI TO THE DEATH, BUT USEASE OR CONDITION	NOT RELATED					
19A. DATE (OF OPERATION 1	98. MAJOR FIN	IDINGS OF OPE	RATION	W. ani		20. AUTOPSY?
U 21A. ACCIL LYING□ O	DENT WAS UNDER- R CONTRIBUTING DEATH	218, PLACE about home, farm, f	OF INJURY (e. g., actory,street,office bldg	in or 21C. WHE		If in Baltimore (City, give exact location)
21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E.		E	DID INJUR	Y OCCUR?	
deceased a	live on Gct 24				Am., from t	he causes and	1950, that I last saw on the date stated abo
24A. BURJAL.	CREMA- ZAB. DATE	24c.	NAME OF CEMET				town, or county) (State
Bur ial	OCT -21/2	00 100	dlawn Cem	etery		lawn, Md	•

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Physicians	
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No.— 9199

1. NAME OF DECEASED (Type or Print) Crispino DeMarco	25/50 Oct. 25/50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION 407 Kingston Rd	4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission) Md. C. CITY OR TOWN (If outside corporate limits, write RVRAL and give township)
c. Length of stay in Baltimore Life Mos.	Baltimore D. STREET ADDRESS (If rural, give location) 407 Kingston Rd
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. Physical Physical (Specify)	8. DATE OF BIRTH 31, 1898 9. AGE (In years H Under I Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work down during most of working life, even if retired) NEVEL WOLLED	11. BIRTHPLACE (State or foreign country) Baltimore, Md. 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Salvatore DeMarco	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or nuknown) (If yes, give war or dates of service) SECURITY NO.	P. Charles DeMarce, 507 Stamford Rd.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	of DEATH LIST Phum riva. 3 days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER U 21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	ATION 20. AUTOPSY? YES NO P
21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about bome, farm, factory, street, office bidg., e	or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE MORK AT WORK	ED 21F. HOW DID INJURY OCCUR?
23A. SIGNATURE 2	red at 8. Am., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED
	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) al, 4300 Old Frederick Rd.Balto.Md 25. FUNERAL DIRECTOR ADDRESS
DATE RECEIVED BY REGISTRAR'S SIGNATURE OCT 76 1950	anny A. Quity 4101 Edmondson Ave.

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BALTIMORE CITY HEALTH DEPARTMENT CEPTIFICATE OF DEATH

50 9200

BIRTH NO.		CERTIFICATI				
1. NAME OF DECEASEO (Type or Print) LUG	ene he	GGINS		2. DATE OF DEATH	Octobe	r 24,1950
8. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospita			4. USUAL RESIDENCE A. STATE Maryland			tion : residence before admission)
HOSPITAL OR US Marine H Wyman Pk. Drive & 3	ospita	location)		(If outside corporat	te limits, write	RURAL and give township)
c. Length of stay in Baltimore		51 days Yrs. Mos. Days	D. STREET ADDRESS (If rural, give locat	ion)	/ G = 1 = 3
5. SEX 6. COLOR OR RACE COLOR OR RACE	7. SINGLE WIDOW Wid	E, MARRIEO, VEO, DIVORCED (Specify)	8. DATE OF BIRTH 10/31/98	9. AGE (In ye last birthda	ars Under 1 \ Months I	fear If Under 24 Hours Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done doring most of working life, even if retired) Farmer	108. KIND	O OF BUSINESS OR	11. BIRTHPLACE (State of NC	r foreign country)	12. C W	HAT COUNTRY
13. FATHER'S NAME Frank Hoggins	1918		14. MOTHER'S MAIDEN Loutora Mil			0,021
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or nnknown) (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Records - US 1	darine Hosp	ADDRES	
DISEASE OR CONDITION I LEADING TO DEAT (This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which es ANTECEDENT CAUS ODISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LAS UNDERLYING CONDITION LAS UNDERLYING TO THE DEATH, BUT IT TO THE DISEASE OR CONDITION	f dying, e. in the disease aused death ES ANY, GIVII STATING TO STATING TO TIONS COO NOT RELATICAUSING	(B)	oulosis, abdomin	al		Unknown
N N N N N N N N N N N N N N N N N N N		FINDINGS OF OPER				20. AUTOPSY?
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) OF INJURY 22. I hereby certify that I attedeceased alive on Oct. 2 23A. SIGNATURE John L. Wilson, Medic 24A. BURIAL, CREMA 24B. DATE TIPN REMOVAL (Specify)	ED 21F. HOW OID INJU	Oct. 24 the causes and tal, Balto	, 19 <u>50</u> tha l on the dat 23c Md 10	t I last saw the le stated above. DATE SIGNED 1/25/50		

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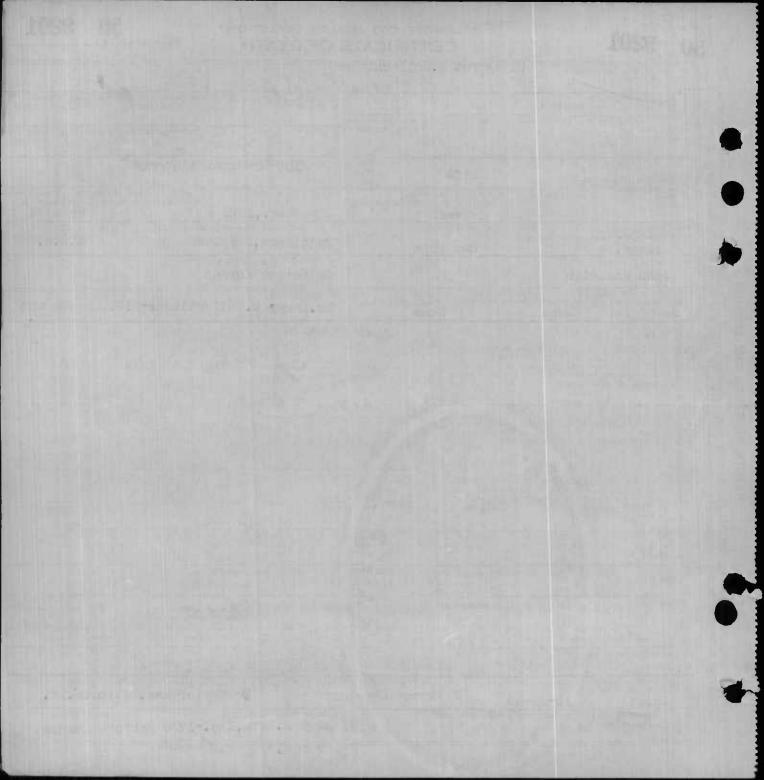
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WITH	to to the
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TE	in condition in in internation
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

So 9201 Registered No.

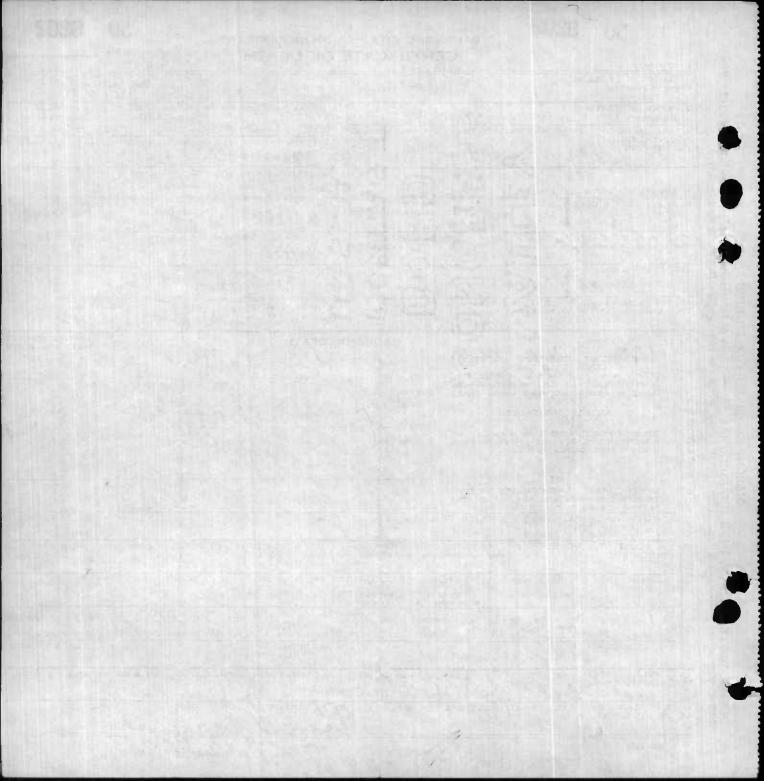
BINTI NO.						
1. NAME OF (Type or Prin		argere	E.Wollschlage	er) //sc//-act	2. DATE OF DEATH	0/24/50
3. PLACE OF	DEATH: e City, Maryland	-		4. USUAL PISIDENCE		If institution: residence before admission
B. FULL NAM	ME OF ("f not in bospit	al or institut	ion, give street address or			
HOSPITAL O	Mycry H	/	location	C. CITY OR TOWN	If outside corporate fin	township
-01	1 110	3	Yrs.	D. STREET ADDRESS IN	If rural, give-location)	17
c. Length o	f stay in Baltimore	Lii	re Mos. Days	7	recarry v	+ tox
5. SEX	6. COLOR OR RACE	7. SINGLE	E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Year If Under 24 Hours Months: Days Hours: Min.
7-	u	Widow		May 25th., 1875		4 29
	OCCUPATION (Give kind of tost of working life, even if retired)	108. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
House		Owi	n home	Baltimore, Mary	land	WHASCOUNTRY
13. FATHER	S NAME			14. MOTHER'S MAIDEN	NAME	
John S	Schleigh			Catherine Morg	an	
	ASED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mr.Leroy C.Wol	lschlager-2I	ADDRESS 09 Greenmount
No	None		None			AVE
18.4 2	0.1		CAUSE	OF DEATH		ONSET AND DEATH
DIS	EASE OR CONDITION			2	/	
(This d	LEADING TO DEA loes not mean the mode	of dying, e. s	g., (A)	orongey Aut	cay Direces	
heart fa	ailure, asthenia, etc. It mes or complication which	ins the diseas	se,			
	ANTECEDENT CAUS	525	(B) An	tenneclaret.	C. Vaise	220
Z DISEA	SES OR CONDITIONS.			***************************************		
UNDE	O THE ABOVE CAUSE (A) RLYING CONDITION LA	STATING TH	HE DUE TO			
₹ U				*		
	11		<u>(C)</u>			
C TRIBUT	R SIGNIFICANT COND ING TO THE DEATH, BUT E DISEASE OR CONDITION	NOT RELATE	ED .			
7.1			FINDINGS OF OPER	ATION		20. AUTOPSY?
1						YES NO
21A. EXTE PRIMARY CAUSE O	ERNAL CAUSE WAS OR CONTRIBUTING F DEATH.	218. PLA about home, f	ACE OF INJURY (e. g., in arm, factory, street, office bldg., e	a or 21c. WHERE DID INJURY OCCUR?	(If in Bultimore City,	give exact location)
Z 21D. TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID INJUR	RY OCCUR?	
OF INJUR	₹Y	m.	WHILE AT NOT WHILE			
22. 1 cen	rtify that I took char			hone held an	b - 10-	thereon and from
				Autopsy	Inspection or Inquir	y
the and	evidence obtained by death in my opinion	said Auto	psy, Inspection or I rom: natural causes	nquiry, find that said (decegsed died on : e ☑, homicide □,	the day stated above undetermined \square .
23A. SIGN	1 Huel	under	M	238 CHIEF MEDICAL ASSISTANT MEDICAL D. MEDICAL INVESTIGA	EXAMINER	23c. DATE SIGNED
24A. BURIAL	(Specify)	1.		RY OR CREMATORY 24D.		A STATE OF THE STA
buria)	Parkwood Cemet	ery	Taylor Ave. Ba	Ito:Co.Ld.
DATE RECEI		S SIGNATU	RE	25. FUNERAL DIRECTOR		ADDRESS
OCI 2	5 950	159E 16		George J.Ruth, In	ic1735 Harf	ord Avenue
VS 151	The state of the s			veorg & Vi	the spice	- 1



MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

ВІ	RTH NO. CERTIFICAT	E OF DEATH	egistered No.
1. (T:	NAME OF DECEASED NICK PAPPAS	2. DAT OF DEA	- 001 23 173
3. A.	PLACE OF DEATH: Baltimore City, Maryland Baltimore	4. USUAL RESIDENCE (Where dece	
HC	FULL NAME OF (If not in hospital or institution, give street address or location)		orporate limits, write RURAL and give
IN	STITUTION MERRY AND IN	Baltimore	2-03 township
c.	Length of stay in Baltimore Los Yrs. Mos. Days	D. STREET ADDRESS. (If rural, give	
5.	SEX 6. COLOS OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		(In years
10. work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired) TAVE ON OWN OF	11. BIRTHPLACE (State or foreign cou	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL	yur	
(Yes	(If yes, give war or dates of service) 16. SOCIAL. SECURITY NO.	Mary Finick	Sauce
7	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	r dias failur rinoma, lung,	l INTERVAL BETWEEN DNSET AND DEATH
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CDN-		
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT.	14710H	
AL	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDIC	21a. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bidg.,	n or 21c, WHERE DID (If in Balt INJURY OCCUR?	imore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE AT WORK		₹?
	22. I hereby certify that I attended the deceased from deceased alive on 19, 19, and that death occu	rred at 10.45 m., from the cause	, 1957, that I last saw the sand on the date stated above
		23B. ADDRESS	23c. DATE SIGNED
	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE N. REMOVAL (Specify)	RY OR CREMATORY 240 LOCATION	N (City, town, or county) (State)
	TE RECEIVED BY CAL REGISTRAR SIGNATURE	TOUR DIRECTOR	ADDRESS
	Dr. D. KOLACSKOVSZKY 29	706980 Falen	Der. 047d



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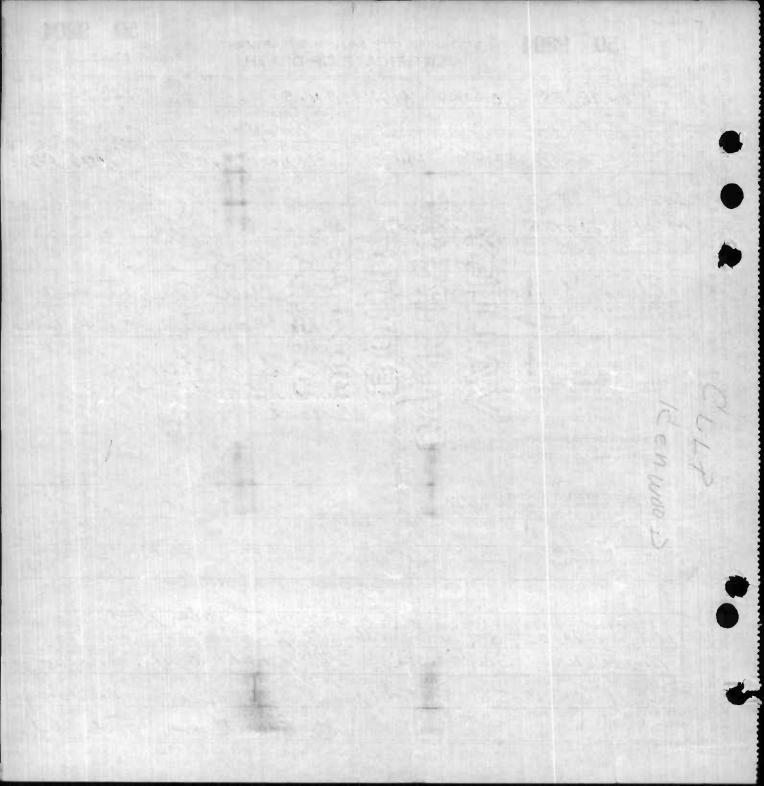
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital Solution Johns Hopkins Hospital C. Length of stay in Baltimore Solution Johns Hopkins Hospital Yrs. Mos. Days Maryland C. CITY OR TOWN (If outside corporate limits, write RURA) Baltimore D. STREET ADDRESS (If rural, give location) 1029 Wilmot Court	admission) L and give township)				
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital C. CITY OR TOWN (If outside corporate limits, write RURA Baltimore Johns Hopkins Hospital Yrs. Mos. Days D. STREET ADDRESS (If rural, give location) 1029 Wilmot Court S. SEX G. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Female White SINGLE 10A. USUAL OCCUPATION 10BISTRY 10A. USUAL OCCUPATION 10BISTRY 11BIRTHPLACE (State or foreign country) 12. CITIZEN WHAT C	admission) L and give township)				
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Johns Hopkins Hospital Solution of Stay in Baltimore C. Length of Stay in Baltimore Solution of Stay in Baltimore Soluti	township)				
c. Length of stay in Baltimore 50 y68. SEX G.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years Months) Days House 1. Birthplace (State or foreign country) 12. CINGLE 103. USUAL OCCUPATION (Givekinder) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CINGLE 109. AGE (In years May - 1890 11. BIRTHPLACE (State or foreign country) 12. CINGLE 109. AGE (In years Months) Days 109. AGE (In years Months) Days 11. BIRTHPLACE (State or foreign country) 12. CINGLE 109. AGE (In years Months) Days 11. BIRTHPLACE (State or foreign country) 12. CINGLE 109. AGE (In years Months) Days 109. AGE (In					
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work done during most of working life even if retired WHAT C	- 1				
Coat Finisher Tailor Shop M Russia USA.	OF CUNTRY?				
13. FATHER'S NAME					
Hyman Smotritsky Bella Venze					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO.					
(Yes, no or nnknown) (11 yes, give war or dates of service) SECURITY NO. Joseph B. Sohmer-3000 Cold Spring La	ine				
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DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
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DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED					
(C)	***************************************				
OTHER SIGNIFICANT CONDITIONS CON-					
TO THE DISEASE OR CONDITION CAUSING IT.	TOPSY?				
	NO X				
21a. EXTERNAL CAUSE WAS 21b. PLACE OF INJURY (e.g., in or UNDERLYING OR CONTRIB- about home, farm, factory, street, office bldg., etc.) UTING CAUSE OF DEATH.					
DING CAOSE OF BEATH.					
OF INJURY m. WHILE AT NOT WHILE AT WORK					
22. I certify that I took charge of the remains described above, held an Inspection & Inquirythereon of	and from				
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day state	ed above.				
and death in my opinion resulted from: natural causes \(\mathbb{D} \), accident \(\mathbb{D} \), suicide \(\mathbb{D} \), homicide \(\mathbb{D} \), undetermine	$d \square$.				
23a. SIGNATURE 23b. CHIEF MEDICAL EXAMINER					
M.D. MEDICAL INVESTIGATOR	(State)				
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DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS SOL LUMBON 4 Bus - 1124-26 W. Not	eth				
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland before admission) B. COUNTY Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Maryland general Hospita C. CITY OR TOWN (If outside corporate limits, write RURAL and give township! Yrs. D. STREET ADDRESS (If rural, give location) Lile Mos. c. Length of stay in Baltimore Days Male 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under | Year WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. -1875 married 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTR alet PRIVATE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO as above INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

198. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F, HOW DID INJURY OCCUR?

OF INJURY

NOT WHILE! WHILE AT

22. I hereby certify that Lattended the deceased from deceased alive on 10/24, 1900. and that death occurred at

WORK

19 30 to 10 124 , 19 5, that I last saw the m., from the causes and on the date stated above 23c. DATE SIGNED

234 SIGNATURE

BULIAL CREMA- 248 DATE CEMETERY OR CREMATORY

28B. ADDRESS

240 LOCATION (City, town, or county)

20. AUTOPSY

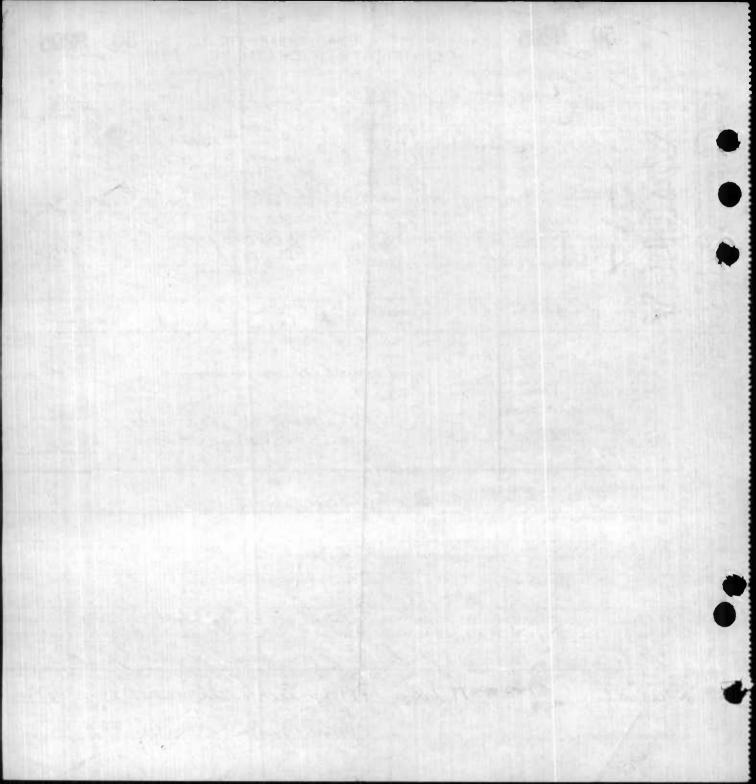
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REGISTRAR'S SIGNATURE LA PRIVE / YM CON IIM

ADDRESS 578 W. Biddle St

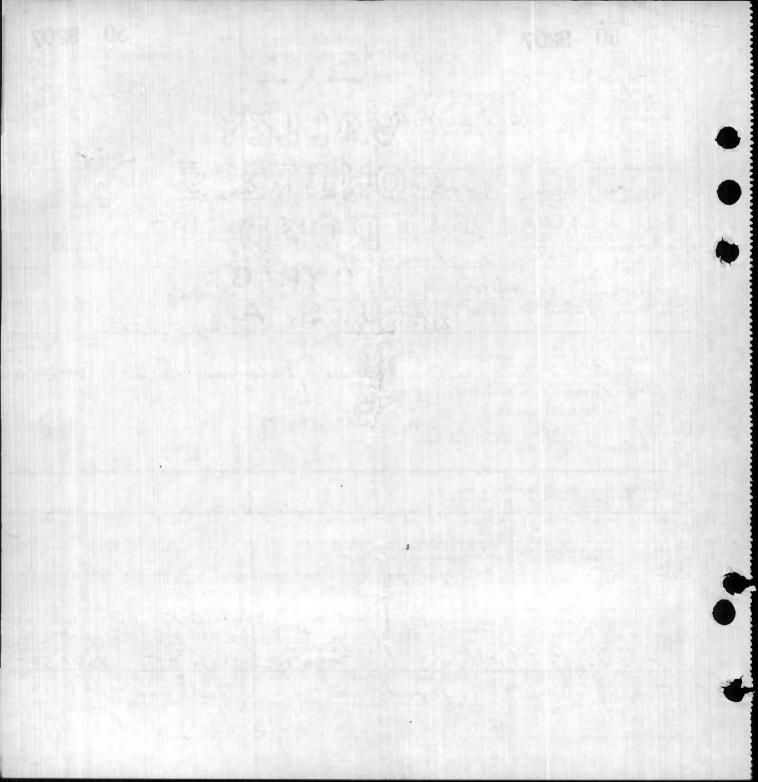
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) er ber 2. DATE OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give CITY OR TOWN INSTITUTION township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5 SEX 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years If Under 1 Year II Under 24 Hours last birthday) Months Days Hours Min. II Under 24 Hours 10010 Marries 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS PR 11. BIRTHPLACE (State of foreign country, 12. CITIZENTOF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY Machine ocorator hine Shi 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME naries 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of pervice) 16. SOCIAL ADDRESS (Yes, no or unknown) SECURIT INTERVAL BETWEEN 18. 4201 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH drumo dia (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO b UNDERLYING CONDITION LAST. UNFADIM Physicians: (C) L RT 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPS AL important, DIC 21B. PLACE OF INDURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! AT WORK WORK 1948 to 24 Oct ___, 19 50 that I last saw the 22. I hereby certify that I attended the deceased from about Jan and that death occurred at 900 Pm., from the causes and on the date stated above. . 1950 deceased alive Shoul Jan 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. GURIAL, CREMA-24d MAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county oodlawn DATE RECEIVED BY 25 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR i a this of on public the the VS 150 29031

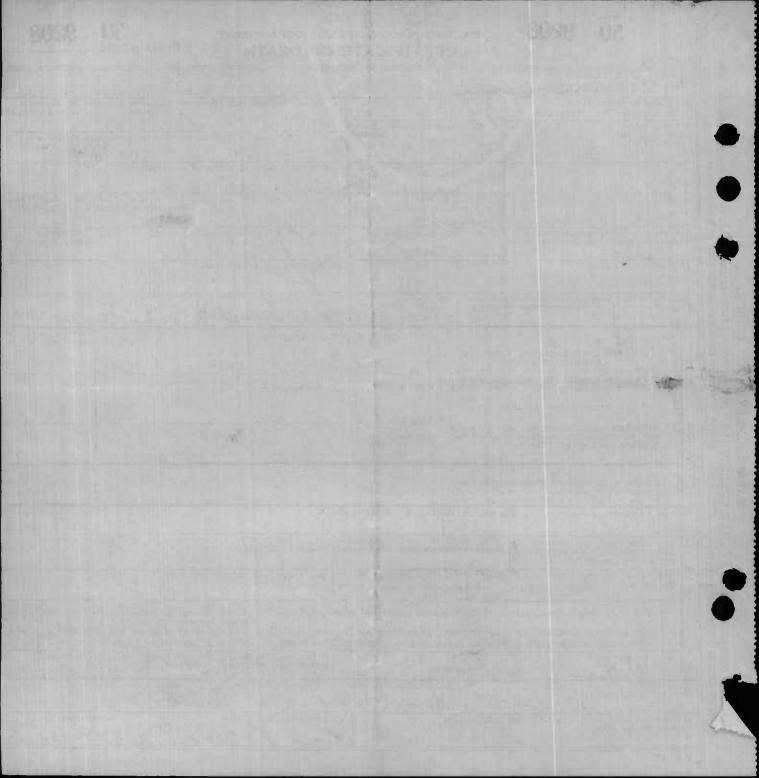


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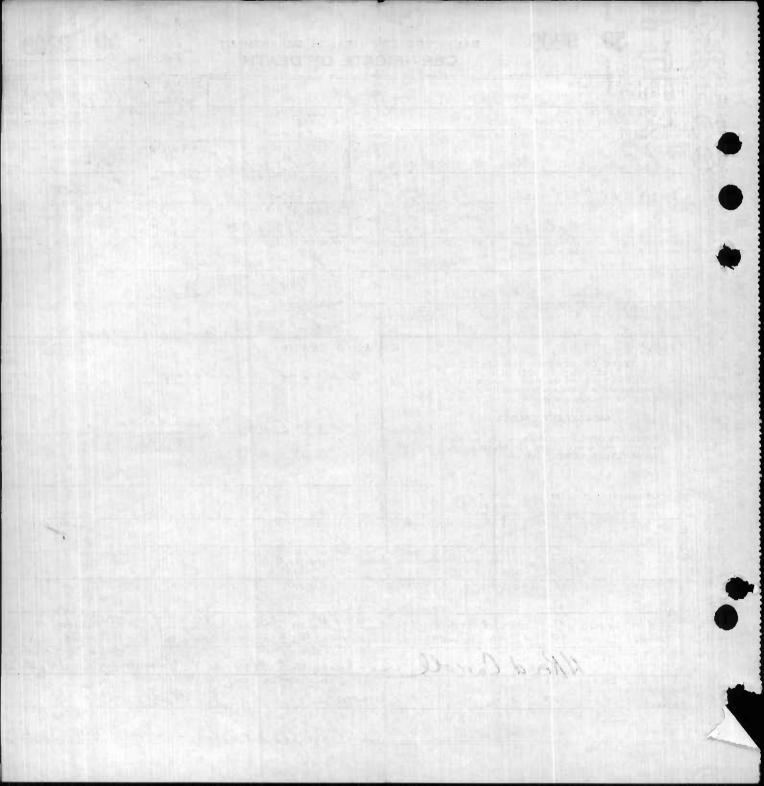
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BALTIMORE CITY HEALTH DEPARTMENT

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E	IRTH NO. CERTIFICAT	E OF DEATH Registered No	200
1 (NAME OF DECEASED (Type or Print) AMISY KEER AN	2. DATE OF DEATH 10725	5/50
A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: r A. STATE B. COUNTY before	residence e admission
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5	f. 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWSD, DIVORCED (Specify)	9. AGE (In years I Under Year last birthday) Months Days H	li Under 24 Hours Tours: Min.
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I	FATHER'S NAME	14. MOTHER'S MAIDEN NAME Prose.	
1 (Y	5. WAS DECESED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
	CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES		AND DEATH
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Jailnes.	******************
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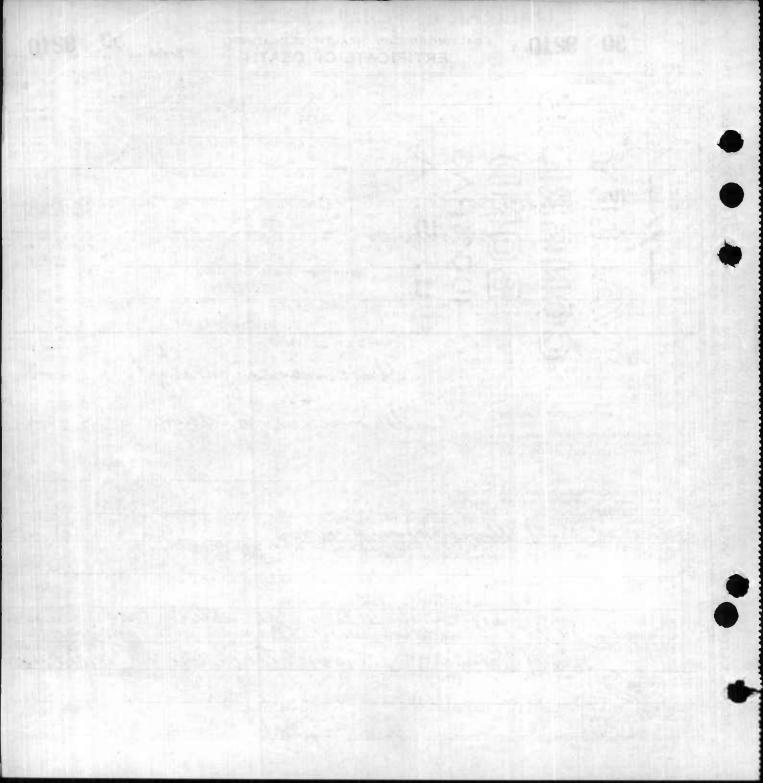
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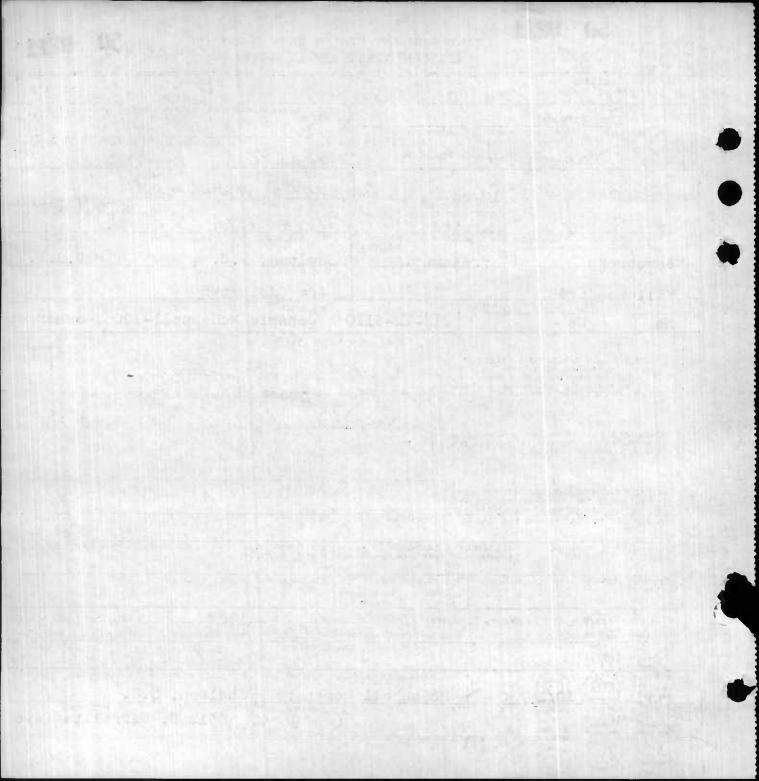
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

SO Registered No. 9210

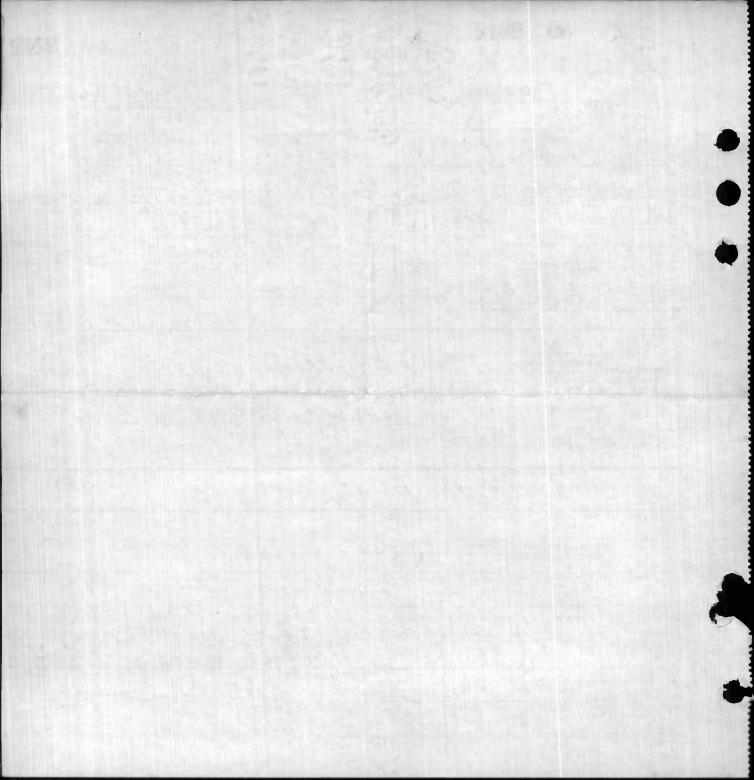
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1. N (Ty)	NAME OF DECEASED be or Print)	EMMA E.	WESTENDOR	F	2. DATE OF DEATH OC	25, 1950		
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	ULL NAME OF (If not in	n hospital or institut		Md.				
	TITUTION		location)	c. CITY OR TOWN (If	outside corporate lim	its, write RURAL and give township)		
()	A			Paltimore	1-	G Whamp)		
			Yrs.	D. STREET ADDRESS (If	rural, give location)			
c I	ength of stay in Baltin	nore	Mos. Days	2031 Robb St.				
5. S			E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 7 Year If Under 24 Hours		
	-	WIDOV	VED, DIVORCED (Specify)	last birthday) Months Days Hours Min.				
	H' W		dowed	Sept. 18, 1898	71			
	. USUAL OCCUPATION (Given by one during most of working life, even in		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of f	oreign country)	12. CITIZEN OF		
	Home		- 1110031111	Baltimore, I'd.		USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME			
	C C 15	mi aht	The state of the s	Now E Kin	777			
4.55	Carey S. W.			Fary E. Kirl	J			
Yes.	WAS DECEASED EVER IN U. S no or unknown) (If yee, give wa	. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
- 7	To To		no	MRS. F. D. Lache	al 5411 Gri	ndon Ave.		
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	22. I hereby certify that I antended the deceased from 11 Files, 1950, to 24 Oct , 1950, that I last saw the deceased alive on 24 (1950), and that death occurred at 1950, and the date stated above. 23A. SIGNATURE (1950) 23C. DATE SIGNED							
	23A. SIGNATURE	W 12	1 2	38. ADDRESS A	11)	23¢. DATE SIGNED		
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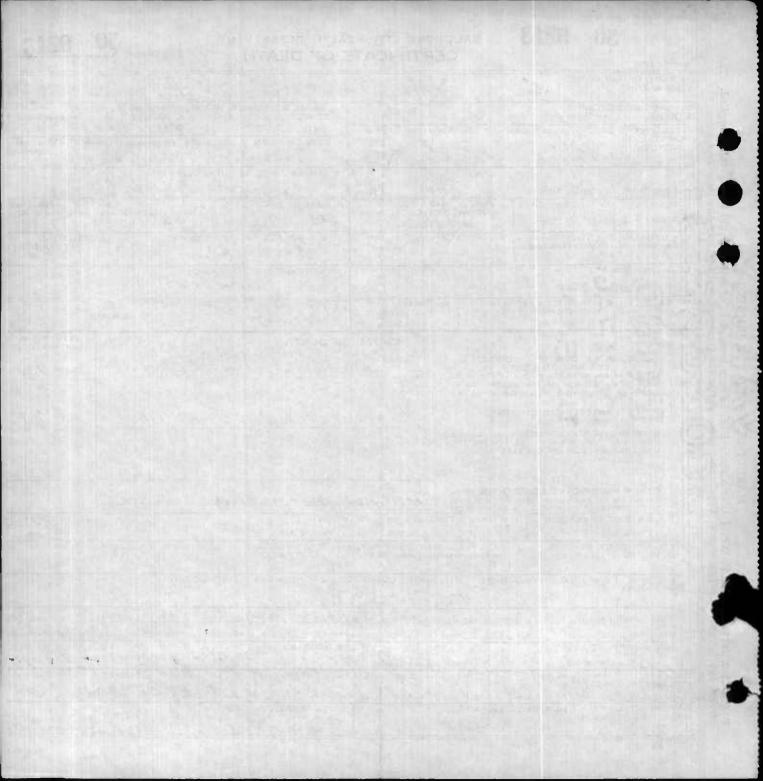
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ppli	A.	Baltimore	City, Ma		V		41/	4. USUAL RESIDENCE		eased lived.	If institu	tion : residence before admission)
	B. H	FULL NAME OSPITAL OR					address or location)	MARYLAND		BALTO. C		
refull.	BALTIMORE, MARYLAND						C. CITY OR TOWN	ORE	ZONE		e RURAL and give township)	
d legibly	c. Length of stay in Baltimore Yrs. Mos. Days						d. STREET ADDRESS	(If rural, gi	,	AVE		
ld	FEMALE WHITE WIDOWED, DIVORCED (Specify)						B. DATE OF BIRTH DEC. 1866		E (In years birthday)	Nonths I	Year Munder 24 Hours Days Hours Min.	
hou	10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) NOUSE WIFE						11. BIRTHPLACE (State		untry)		ITIZEN OF HAT COUNTRY?	
10	13	FATHER'S						14. MOTHER'S MAIDE				0.3.71
NG rmati death		EDWARD DOYLE					53.22	UNKNOWN				
BINDING of informati	15 (Ye	s, no or unknown)	ED EVER I (If yea,	N U, S. ARMED	FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT PATIENT		3	ADDRES	
~ ~ ~		18. 15	2 /				NE	OF DEATH			lin	ITERVAL BETWEEN
FOR item		12-	SE OR C	ONDITION	DIRECTLY				NO- 1			NSET AND DEATH
日は		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,								- /	APPEX IYR.	
Every ite				ia, etc. It mea tion which c								
PG P	7		ANTECE	DENT CAUS	ES		IN	TESTINAL C	BSTRUC	71000		3 WKS.
RESEINK.	IOI	DISEASE RISE TO 1	S OR CO	NDITIONS, II	F ANY, GIVIN	(B) NG HE DUE TO						
P Nt	CA	UNDERL	YING CO	NDITION LA	ST.	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ADING icians:	AL CERTIFIC			11		(C)	***************************************			***************************************		
MARGIN UNFADINC Physicians:				ANT CONDI						•		
1 54			ISEASE O	R CONDITION	CAUSING I			ROJIE CARDIO	-VASCULA	R DISE	[
H.H.			4-50		A. OF	~		STRUCTING				YES NO
Y, WITI	EDICA	21A. ACCIDE HOMICIDE	(Specif			CE OF INJUR			(If in Bal	timore City		act location)
W.ii	Σ	21b. TIME	(Month)	(Day) (Year)	(Hour)	21E. INJURY	OCCURRE	D 21F. HOW DID IN	JURY OCCU	R?		
Ily		OF INJURY			m.	WHILE AT WORK	NOT WHILE					
		22. I hereby certify that I attended the deceased from Sepf >>, 1950, to Oct 25, 1950, that I last saw the										
esp		deceased alive on OCT 25, 1950, and that death occurred at 10:00 Pm., from the causes and on the date stated above										
VRI		23A. SIGNA	NURE	m	· Am	1/201	2:	BB. ADDRESS	pitalo	Anc.	230	DATE SIGNED
PLE SE WRIS	24	A. BURNAL,	CREMA- 2	248. DATE	1	AC. NAME OF	CEMETER	RY OR CREMATORY 2	40. LOCATIO	N (City, tow	n or cou	
ect	1	Burial (Specify) (N. 30/50. New Cathedral 4306 Old Fredk. Rd. Ba						Daex	o ond			
PLE Correct	LC	ATE RECEIVE CAL REGIST	D BY T	REGISTRAR	SIGNATE	RE		25. FUNERAL DIRECT	POR A	1	ADDI	RESS
	-0	OT 2/1		1 mount	NON- IN	Mariti M	1 1 4	Harry X.	eus//	2,410	Ka	mordson
		VS 150							0		041	62 aux



20. AUTOPS (If in Baltimore City, give exact location) , 1950 that I last saw the . 1951, and that death occurred at 8:17 Pm., from the causes and on the date stated above. 23c. DATE SIGNED CEMETERY OR CREMATORY 24D. LOCATION (Inty, town, or county) ADDRESS

before admission)

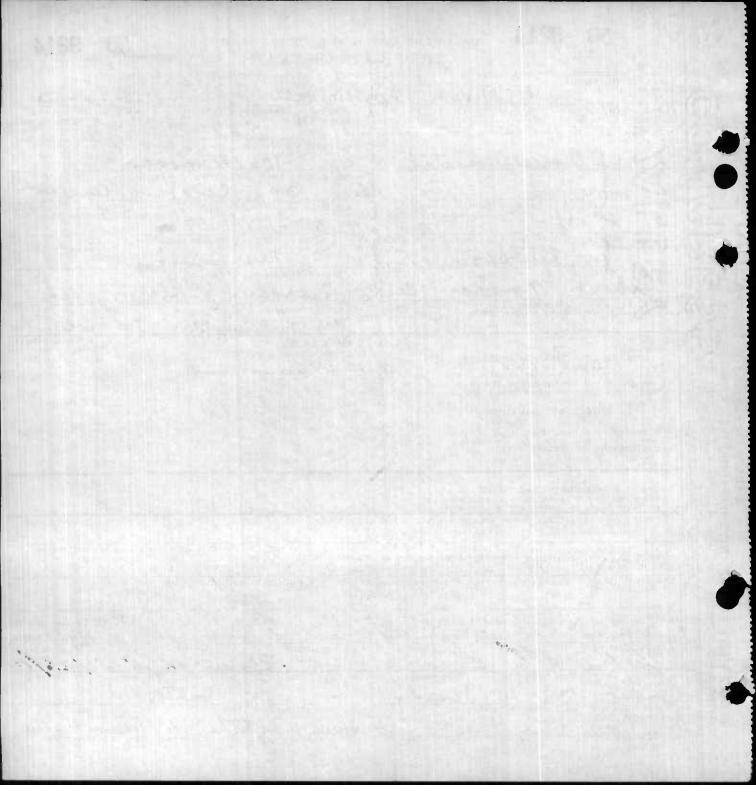
Il Under 1 Year

12. CITIZEN OF

WHAT COUNTRY?

ONSET AND DEATH

VS 150



BALTIMORE CITY HEALTH DEPARTMENT

50 9245

BII	CERTIFICATE OF DEATH Registered No							
1. (Ty	NAME OF Dope or Print)		1 H. Ledley		OF Oct. 26	/50		
	PLACE OF DEBALTIMORE C	ity, Maryland		4. USUAL RESIDENCE (W				
HO	FULL NAME SSPITAL OR STITUTION		tal or institution, give street addres locati	c. CITY OR TOWN (If Baltimore	c. CITY OR TOWN (If outside corporate limits, write RURAL and give			
С.	Length of st	ay in Baltimore	Life Mo	s. 770 W Crace S				
	sex Male	6. COLOR OF RACE	7. SINGLE, MARRIED,	s. DATE OF BIRTH Sept. 30,/889	Vi lout hinth day Montha Days Hauns Min			
10/ Re	a. USUAL OC	CUPATION (Give kind of f working life, even if retired)	10B. KIND OF BUSINESS OR		preign country) 12	CITIZEN OF WHAT COUNTRY		
	edley	AME		Mary Nance	AME			
15. (Yes,	WAS DECEASE, no or unknown)	D EVER IN U. S. ARME (If yes, give war or date	D FORCES? 16, SOCIAL SECURITY NO	17. INFORMANT		Payson St.		
	18. 420	11	CAUS	E OF DEATH		INTERVAL BETWEEN		
	(This does heart failu	E OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which	TH of dying, e.g., (A)	njorardial In	faretier	2 lur		
NOIT	RISE TO T	ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A) ING CONDITION L	SIVIIIO ILLE SOCIO	remary astery	Disease	5 years		
IC/	Cateries eleveri							
CERTII	OTHER SIGNIFICANT CONDITIONS CON-							
AL			19B. MAJOR FINDINGS OF O	PERATION		20. AUTOPSY?		
EDIC	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?							
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK AT WORK							
	22. I hereby certify that I attended the deceased from 10.25, 196, to 10.26, 195, that I last saw the							
	deceased alive on 10.25, 19 50, and that death occurred at 11:15 Am., from the causes and on the date stated 23A SIGNATURE 23B. ADDRESS 23B. ADDRESS 23C. DATE 5 1227 Washington Blood 10.2							
24 TIO	4A. PRIAL. CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State							
	ATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FUNERAL DIRECTOR ADDRESS OCAL REGISTRAR ADDRESS OCAL REGISTRAR ADDRESS OCAL REGISTRAR'S SIGNATURE ADDRESS OCAL R							

VS 150

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15 CER . 25 FE College In front THE Education of the tere to denie the NEW COLL LOGIC THE RESERVE WITH THE PROPERTY OF THE PARTY O THE TAX TO SEE THE PROPERTY OF · a Vis. den Blue annie 15 Edward 15

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BALTIMORE CITY HEALTH DEPARTMENT

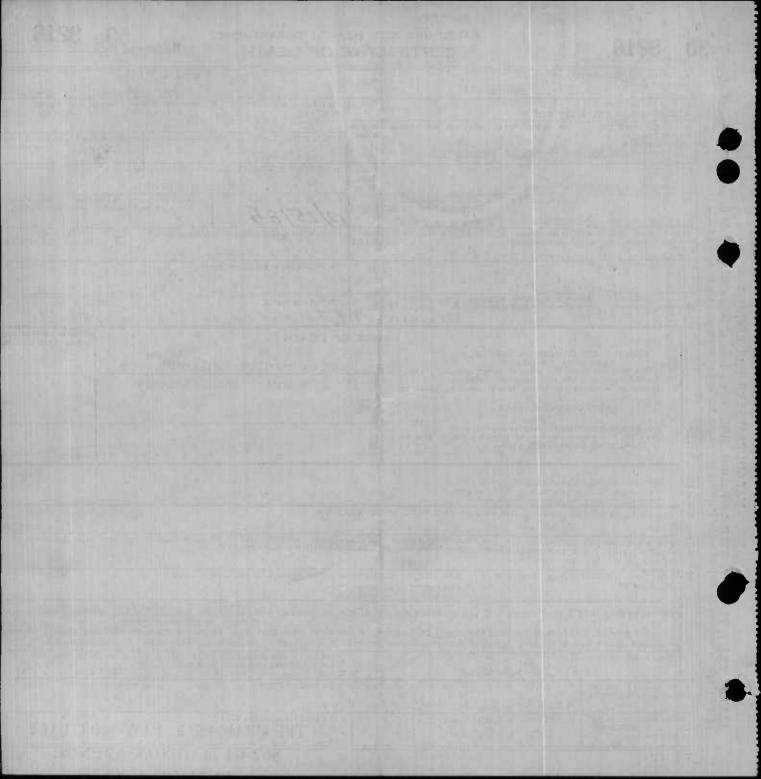
9216

BIRTH NO.	CERTIFICAT	E OF DEATH	110				
1. NAME OF DECEASED	DDALBI	2. DATE					
3. PLACE OF DEATH:	BROWN	DEATH OCTO	f institution : residence				
A. Baltimore City, Maryl B. FULL NAME OF ('f not HOSPITAL OR	in hospital or institution, give street address or location)	Maryland	before admission)				
INSTITUTION	opkins Hospital	c. CITY OR TOWN (If outside corporate) limits Baltimore	ts write RURAL and give township)				
	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)					
c. Length of stay in Balt	more Days	1600 W. Franklin Street 8. DAJE OF BIRTH 9. AGE (In years) 16 Under 1 Year 16 Under 24 Homs					
male colore	d Married (Specify)	12/25/85 last birthday) M	onths Days Hours Min.				
10A. USUAL OCCUPATION (Cork done during most of working life, eve	ilvekindof 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME	- 15. 6. N. N. Co.	14. MOTHER'S MAIDEN NAME					
	ie h	Maknowy					
15. WAS DECEASED EVER IN U. (Yes, no or unknown) (If yes, give	S. ARMED FORCES? 16. SOCIAL security NO.	17. INFORMANT	DDRESS				
No	705-07-6607	Lillie Mae Brown 308 W.H	offman St				
18. 443X	CAUSE	OF DEATH	ONSET AND DEATH				
DISEASE OR CON							
(This does not mean the mode of dying, c.g., heart failure, asthenia, etc. It means the disease, heart failure, asthenia, etc. It means the disease,							
heart failure, asthemia, etc. It means the disease, injury or complication which caused death.) DUE TO with myocardial insufficiency							
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
							PRISE TO THE ABOVE CA
<u> </u>	(C)						
C OTHER SIGNIFICANT							
OTHER SIGNIFICANT TRIBUTING TO THE DEA TO THE DISEASE OR CO			-0-000000000000000000000000000000000000				
U 19A. DATE OF OPERATIO	N 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?				
¥	Lot- Sings of Indian	n or 21c. WHERE DID (If in Baltimore City,	YES NO X				
21A. EXTERNAL CAUSE UNDERLYING OR CO UTING CAUSE OF	WAS 21B. PLACE OF INJURY (e.g., i NTRIB. about home, farm, factory, street, office bidg., place hidg., plac		give exact location)				
2 ID. TIME (Month) (Day OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an Inquiry & Inspection t							
Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the d							
and death in my opinion resulted from: natural causes ဩ, accident □, suicide □, homicide □, undet							
23A. SIGNATURE	Oct. 25, 1950 or county) (State)						
M.D. MEDICAL INVESTIGATOR OCT 24A. BURIAL. CREMA: 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or TION, REMOVAL (Specify)							
B.1101 10	STRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS				
LOCAL REGISTRAR	STRAN S SIGNATURE	22 THE CHARLES R. LAW	MORTUARY				

970 50

V S 151

802-04 MADISON AVENUE



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

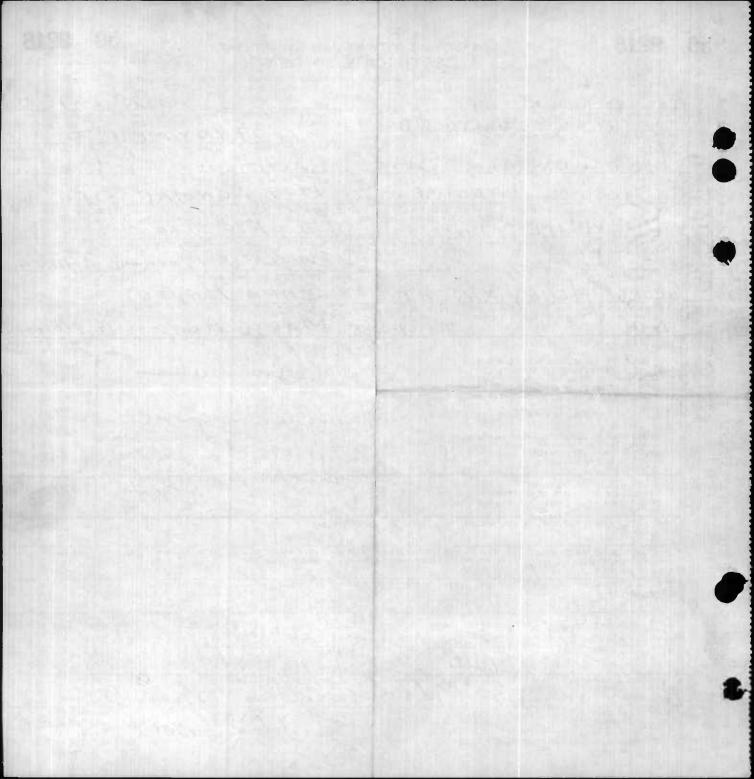
50 BIR	9217 CERTIFICAT	TE OF DEATH Registered 1	No
	NAME OF DECEASED pe or Print)	2. DATE OF	
	Maggie Williams	DEATH Oct	ober 26.195
A. I	Baltimore City, Maryland Baltimore, Md.	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution : residence before admission
HOS	FULL NAME OF (If not in hospital or institution, give street address of location structures of location structures.		s, write KURAL and give township
(921 Carrolton Ave.	Baltimore	townsin.
60	Yrs.		
c. I	Length of stay in Baltimore 6 Years Days		
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific	8. DATE OF BIRTH 9. AGE (in years)	Under I Yaar II Under 24 Hounths Days Hours Mir
1	M Negro Widow	Sept. 15.1866 84	
10A	. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
101 12 0	doneduring most of working life, even if retired) Housewife		WHAT COUNTRY
13.	FATHER'S NAME	Salisbury Maryland	
	Elijah Pinkett	Mania Pinkett	
Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT A	DDRESS
		Howard Williams	
	18. / 7 / / CAUSE	OF DEATH	INTERVAL BETWEE
	1170	OF BEATH	ONSET AND DEAT
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		2
	(This does not mean the mode of dying, e.g.,	ucoma of	- 1
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	G	terno	
7	ANTECEDENT CAUSES		
ó	DISEASES OR CONDITIONS, IF ANY, GIVING		**********
E	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
Y	UNDERLYING CONDITION LAST.		
L	(C)		
E	OTHER SIGNIFICANT CONDITIONS CON-		
FR	TRIBUTING TO THE DEATH, BUT NOT RELATED		
0 -	TO THE DISEASE OR CONDITION CAUSING IT.	PATION	20. AUTOPSY?
_	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	
Y -	ALL ACCIDENT CUICIDS	the Lore Willens Did. (If in Beltimore City)	YES NO L
EDI	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., about bome, farm, factory, atreet, office bldg		give exact location)
Σ -	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR	RED 21F, HOW DID INJURY OCCUR?	
	OF INJURY WHILE AT NOT WHIL		
-	m. WORK AT WORK		
	22. I hereby certify that I attended the deceased from	Jan, 1949, to Gex 26, 195	that I last saw t
	deceased alive on Ber 26, 1950, and that death occi	urred at 7 m from the causes and on t	he date stated above
			23c. DATE SIGNE
	Hersond V mussende	2309 June Hill	OCX.27
211	M. D. A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LOCATION (City, town,	
TION	N. REMOVAL (Specify)		, c_ source , tartate
	Removal 10/28/50 Arbutus Me		d.
	TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
LOC	JUI 27 1950 Visitio July 10 Co	Charles R. Law- 802 Mad	icon Are
-		Charles R. Law- 802 Mad	TROIL WAR
	VS 150		
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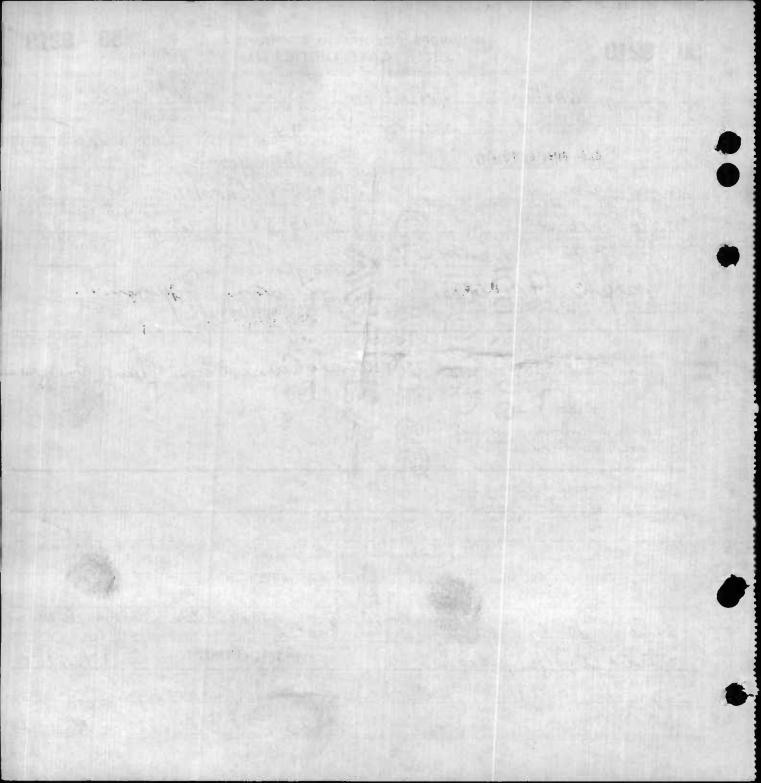
BALTIMORE CITY HEALTH DEPARTMENT

50 9218
Registered No.

The	BIRTH NO.	E OF DEATH Registered No.	
	1. NAME OF DECEASED (Type or Print)	2. DATE OF OAT	21.1950
12 1	3. PLACE OF DEATH: A. Baltimore City, Maryland BALTO, MD	4. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)
	B. FULL NAME OF (If not in hospital or institution, give street address of location Institution)		
); -	1409 LOWMAN St.	BALTIMORE D. STREET ADDRESS (If rural, give location)	- O township)
legi	c. Length of stay in Baltimore LIFE TIME Mos. Days	1409 LOWMAN S	7.
ana	6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify DIVORCED.	8. DATE OF BIRTH 9. AGE (In years iast birthday) Month	Days Hours Min.
5 W	10A. USUAL OCCUPATION (Give kind of ork done during most of working life, even if retired) HECKER SALVATION HEMY		CITIZEN OF WHAT COUNTRY?
informations of death c	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	AMERICA
f de	JEORGE HENRY KNIGHT	DARA HAYES	
of in	Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 705.09-0235	MARIE ABBOTT 14	og Loviman
cau	7 2010	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
Every item of i	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	cute Coronary Occlusion	5 min.
Ever	injury or complication which caused death.) DUE TO	1 1 1 1 1 -	5 0 0
NK.	ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY, GIVING (8)	nisluda Secret Gisleric	9-01,1
ING I	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	when arterisches (12mo)	8-8p
UNFADING INK. Physicians: please	OTHER SIGNIFICANT CONDITIONS CON-	plisted Remark gin - Couples	Imr
led .	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
Important.	21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e. g.,		exact location)
200	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURS OF INJURY WHILE AT NOT WHILE		
re pra	- 10. cold cold a decoured from	4x0+ ,1950, to Oct 24, ,1950, ti	hat I last saw the
RITE is esp		red at 12 Min., from the causes and on the causes and on the	late stated above.
_ e ≤	M.D.	642 Nosh Llot	10-27-50
ect a	1300 11/28/20 Mes 100	TWEE 24D. LOCATION (City, town, or of the late t	(State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	Ches J. Dell-1501 8 /	DRESS COLL
	Vs 150 390 8	-W O	93d



435				
50 9219 BIRTH NO.	CERTIFICATE OF		Registered No.	9219
I. NAME OF DECEASED (Type or Print) Walten 3. PLACE OF DEATH:	DAITON 4. USI	316516	2. DATE OF DEATH OCT 2: ere deceased lived. If insti	4 1950
A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	astitution, give street address or	Md.	B. COUNTY	before a mission)
JOHNS HOPKINS HUSP	Yrs. D. STR	TBAKIMON- EET ADDRESS (If ru	ral, give location)	township)
c. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE 7. SEX 7. SEX	Mos. Days NGLE_MARRIED, IDOWED, DIVORCED (Specify)	+ 5 N. Carl	9. AGE (in years 1 Under last birthday) Months	
10A. USUAL OCCUPATION (Give kind of 10p. work done during most of working life, even if retired)	BND OF BUSINESS OR II. BIR	THPLACE (State or fore		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME DOD	to 14. MO	THER'S MAIDEN NAM	During	
15. WAS DECEASE EVER IN U. S. ARMED FORCE (Yes, no of unknown) (If yes, give war or dates of serve	ES7 16. SOCIAL 17. INF	PANS HOPKINS HUS	ADDR	ESS
DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dyin heart failure, asthonia, etc. It means the injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATI UNDERLYING CONDITION LAST.	g, e. g., (A) Trimard death.) DUE TO	Carcinor	na oflung	One year
OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT F TO THE DISEASE OR CONDITION GAUS	5 CON-			
	AJOR FINDINGS OF OPERATION			YES ND
= 21A. ACCIDENT WAS LINDER. 21		URY OCCUR?	in Baltimore City, give	exact location)
2 ID. TIME (Month) (Day) (Year) (Hour OF INJURY	WHILE AT NOT WHILE	HOW DID INJURY		
22. I hereby certify that I attended deceased alive on 10-24-, 19-23A. SIGNATURE	the deceased from 10-17- 50, and that death occurred at.	3 45 Am., from the	24-, 1950, the causes and on the d	at I last saw th ate stated above 3c. PATE SIGNED
24A. BURIAL, CREMA- TION, REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR. REGISTRAR.	24C. NAME OF CEMETERY OR C	HARO UNLYING HAG	CATION (City, town, or co	0/27/50
VS 150	9706P	1	047	d au



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upplied.

00 0220	50	9220
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50	9220)	BA	CERTIFICATI		V	d No.		
1.	NAME OF DI Type or Print)	eceased MONI	CA	H. LAC	γ	2. DATE OF DEATH OCT	oker	25	1950
B.	Baltimore C FULL NAME OSPITAL OR ISTITUTION	EATH: City, Maryland	Baltim al or institu	ore, Md. tion, give street address or location)	4. USUAL RESIDE A. STATE Illinois	ENCE (Where deceased lived B. COUNTY (If outside corporate li	l. If insti	tution : befo	residence re admission)
c.	Length of st	tay in Baltimore		Yrs. Mos. Days		Ess (If rural, give location alsted Street)		
5.	sex Female	6.COLOR OR RACE White		E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Over 70	if Under Months	l Year Days	li Under 24 Hours Hours Min.
		CUPATION (Give kind of f working life, even if retired)	1	D OF BUSINESS OR INDUSTRY		State or foreign country)			EN OF COUNTRY
13	FATHER'S N	AME	,		14. MOTHER'S MA	IDEN NAME			
		Unk	nown		Unknown				
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	ESS	
				020000000000000000000000000000000000000	Agnes M.	Lacy 17 S. Carey	Str	eet	
ERTIFICATION	DISEASES RISE TO T UNDERLY	ANTECEDENT CAUS S OR CONDITIONS, I HE ABOVE CAUSE (A) I'NG CONDITION L/	F ANY, GIVI STATING T AST.	NG HE DUE TO (C)	ngulated herr	nia			
ER		TO THE DEATH, BUT							
IL C	19A. DATE O	F OPERATION 1	9B. MAJOR	R FINDINGS OF OPER	ATION			20. A	NO X
EDICAL	UNDERLYING	IAL CAUSE WAS OF OR CONTRIB- AUSE OF DEATH.	about home,	ACE OF INJURY (e. g., in farm, factory, atreet, office bldg., e		(If in Baltimore Cit R?	y, give	exact l	ocation)
M	21d. TIME (OF INJURY	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID	INJURY OCCUR?			
	the evi	dence obtained by ath in my opinion	said Aut	remains described a	inquiry, find that A, accident [],	Insp. & Inquiry Autopsy, Inspection or Inqui said deceased died on suicide , homicide EDICAL EXAMINER	the de], under	ay sto termin	ned [].
24 TIC	4A. BURIAL. C ON, REMOVAL (S	pecify	50	24C. NAME OF CEMETE	D. MEDICAL INVERY OR CREMATORY	ESTIGATOR D	wn, or co		5- 0 (State)
	Burial	10/28/		New Cathedra	25. FUNERAL, DIR	Baltimore, Md		DRESS	3 4
	CAL REGISTI		J. J. J.	(D) (S) (C)	16.20.47	Jakes and Jou 80 =	27. 8	mi	werd if

UNFADING INK. Every item of informatic fould be call. Physicians: please write the causes of death clearly and legibly. PLE TE WRITE PL Y, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

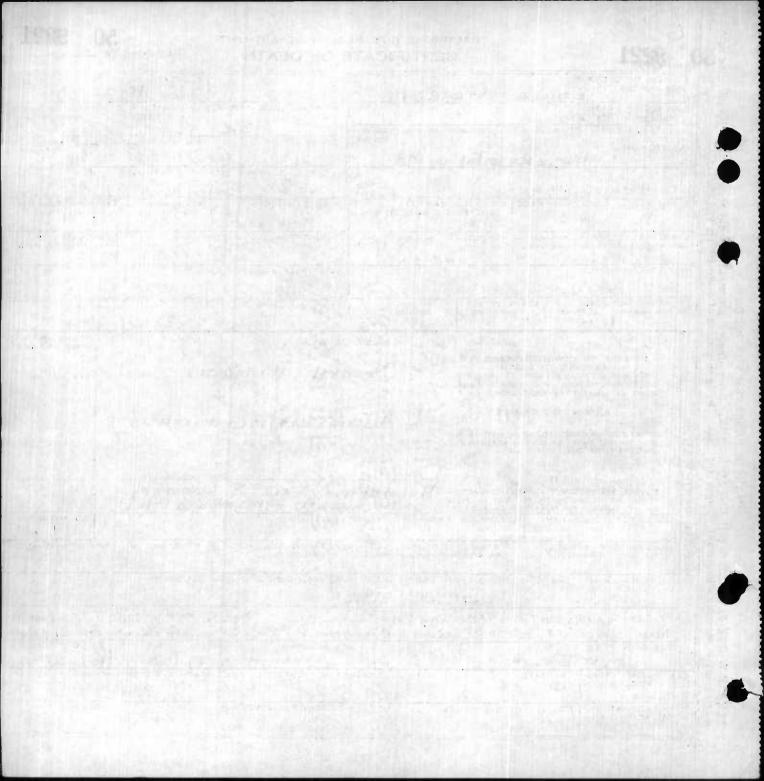
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<u>2</u> 5) _{BIRTH} 9221

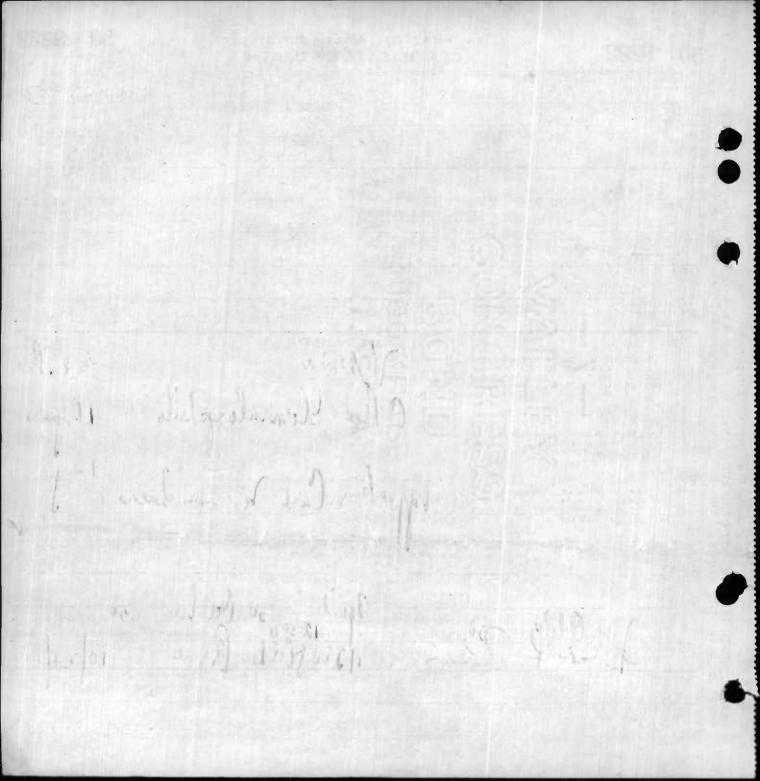
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

		NAME OF DECEASED Spe or Print) EDGAR GARRETT		OF DEATH	5/50
		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (WI		stitution: residence before a mission)
	В. і	FULL NAME OF (If not in hospital or institution, give street address or	ma		06
		OSPITAL OR STITUTION	c. CITY OR TOWN (If o	outside corporate imits	write kUlkal, and give township)
	4	Lutheron Haspital us Md.	D. STREET ADDRESS (If r	ural, give location)	
0	c.	Length of stay in Baltimore Mos. Days	3811 Wa	lant ava	Varlea
	5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mont	hs Days Hours Min.
	10.	A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR doneduring most of working life, even if retired)	11. BIRTHPLACE (State or for	eign country)	2. CITIZEN OF WHAT COUNTRY?
		Luborer Penna R.R	/Jal 8	ma	
	13	Win Hanny Carrett	14. MOTHER'S MAIDEN NA	Knight	
	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 1, no or nnh nown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	· · · · · ·	DRESS
	_	No 1 - N7-07-9146	anes Jarrett	3811 Waln	
		72011	OF DEATH		ONSET AND DEATH
		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	edmoral lero	SIS	Zwks
		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			
		ANTECEDENT CAUSES	msdrosis (do	(disilario	
	RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	100 200 LA 210 C A 61		
	AT	UNDERLYING CONDITION LAST.			
	F	(c)			
Car	CERT	OTHER SIGNIFICANT CONDITIONS CON- Hyperuns	ive cro o c	man cold	
4	_	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER			20. AUTOPSY?
1	EDICA	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, etreet, office bidg., e		in Baltimore City, giv	ve exact location)
Turk.	ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY	OCCUR?	
2		OF INJURY WHILE AT NOT WHILE AT WORK AT WORK			
1		22. I hereby certify that I attended the deceased from OC	r. 24 , 1950 to C	er. 25, 1950	that I last saw the
423		deceased alive on Och. 25, 19 50, and that death occur	red at 115 Pm., from th	e eauses and on the	date stated above.
2		ho by Taken in ha	3B. ADDRESS	ond.	23c. DATE SIGNED
200	24	BURIAL, CREMA- 248. DATE 240. NAME OF CEMETE		CATION (City, town, o	
3	118	Swig D/28/50 Jordon 1	Pask L	alto, md.	
*****		ATE RECEIVED BY REGISTRAR'S SIGNATURE DCAL REGISTRAR OCT 271950	25. FUNERAL DIRECTOR	12/7 84	ADDRESS Paul T
	-	VS 150	/ / 		,
		9703	0	178-18-16	193d



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	ca III.
4	and be early and l
MARGIN RESERVED FOR BINDING	PLE C. WRITE PL. Y, WITH UNFADING INK. Every item of informatic bould be c: 11 pplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
	Y, WITH mportant.
4	PLE C WRITE PL correct age is especially in

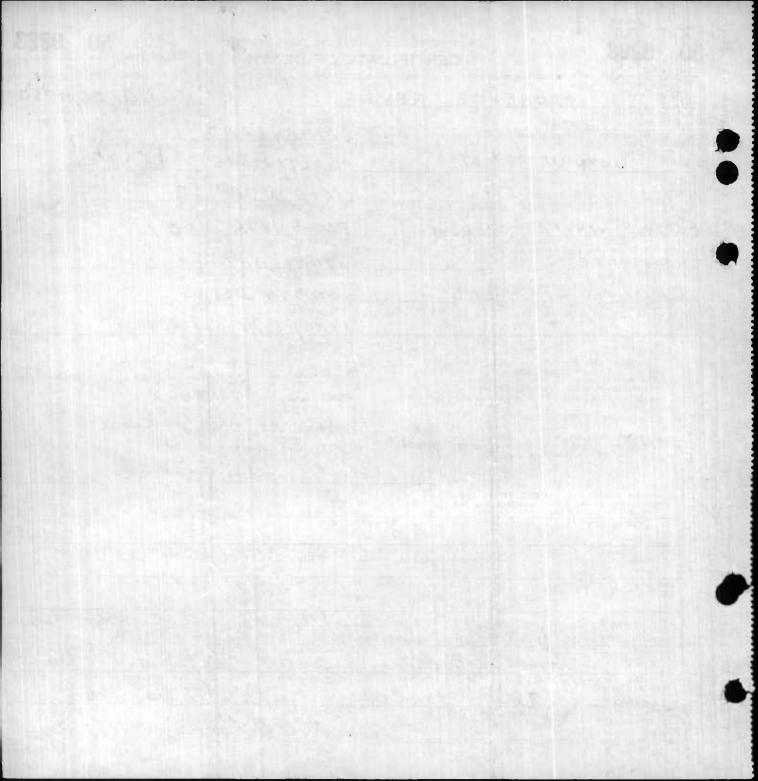
S-	50	534 D 9222 BALTIMORE CITY HE CERTIFICATI	EALTH DEPARTMENT E OF DEATH	50 9222 Registered No.
		NAME OF DECEASED ype or Print) Louis Sendldorfer	2. DA O DEA	F October 27 1050
pplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where dee	
Q.	В.	FULL NAME OF (If not in hospital or institution, give street address or location) A 2614 Harford Road	C. CITY OR TOWN (If outside of Baltimore)	corporate Mats, wrate RUE L and give township)
ld be ca and legibi	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give 2614, Harford Road	ve location)
ould be	5.	male white 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify)		E (In year: H Under Year H Under 24 Hours Min.
gou		Barber 108. USUAL OCCUPATION (Give kind of a log. KIND OF BUSINESS OR INDUSTRY Self Employed	11. BIRTHPLACE (State or foreign co.	untry) 12. CITIZEN OF WHAT COUNTRY
NDING informatic s of death	13	Louis Sendldorfer	14. MOTHER'S MAIDEN NAME Katherine Heckel	
DI nfc	15 (Yes	S. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or uoloown) (If yee, give war or dates of service) SECURITY NO. none	17. INFORMANT Mrs. Theresa Sendldor	fer, 2614 Harford Rd.
MARGIN RESERVED FOR BIN Y, WITH UNFADING INK. Every item of i y important. Physicians: please write the causes	MEDICAL CERTIFICATION	CAUSE DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER DATE OF OPERATION 19B. MAJOR FINDINGS OPE	n or 21c, WHERE DID (If in Ba)	20. AUTOPSY? YES NO Litimore City, give exact location)
PLE C. WRITE PLA		4A. BURIAL, CREMA- ON, REMOVAL (Specify) Cremation 10/30/50 Green Mount	RY OR CREMATORY 240. LOCATION Baltim	
PLI		ATE RECEIVED BY REGISTRAR'S SIGNATURE OCAL REGISTRAR	25. FUNERAL DIRECTOR Am. Carle Inc. 1217	ADDRESS St. Paul Street
		VS 150 74086		1310



PLEASE WRITE PL. , WITH correct age is especial supportant.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	NAME OF DECEASED		1,		2. DA		
	FLO	DRENCE	KEYS	,		ATH UU	25, 1950
	PLACE OF DEATH: Baltimore City, Maryland	1		4. USUAL RESIDI		eased lived. If it	nstitution : residence before admissio
	FULL NAME OF (If not in h	aospital or instituti	on, give street address of				and the
	CTITUTION	500 c7		c. CITY OR TOWN	(If outside o	corporate timits,	write RURAL and gi townshi
0	0 /016 W.	38 57			TORE	1	
		1:55	Yrs. Mos.		ESS (If rural, gi	ve location)	
	Length of stay in Baltimo		Day		38 = 31		(-d) V
٥.		WIDOW	. MARRIED. ED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGI	birthday) Mon	Inder Year H Under 24 Ho ths Days Hours Mi
10	A. USUAL OCCUPATION (Give		OF BUSINESS OR	11. BIRTHPLACE (State or foreign co	Je / S	12. CITIZEN OF
work	done during most of working life, even if re		INDUSTR	Y		unitis)	WHAT COUNTR
13	FATHER'S NAME			14. MOTHER'S MA			
	0			0.00			
1.5	WAS DECEASED EVER IN U. S. A	AMBA	UGH.	SARAH	DOBBS		
(Yes	, no or unknown) (If yes, give war	or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	71		DRESS
-			-	LEROY L.	REYS-10	16 W 38	
	18. 420.1		CAUSE	OF DEATH			ONSET AND DEA
	DISEASE OR CONDIT			mar de anti-	1	1 .	· A-
	(This does not mean the m heart failure, asthenia, etc. l	node of dying, e. g	g., (A)	o courty	Museu	leoses	Musule
	injury or complication wh	nich caused death	.) DUE TO	Cotouary.	Aderou	w	
	ANTECEDENT	CAUSES	-		a	. 4.	. 7
Z	DISEASES OR CONDITIO	NE IF ANY SIVE	(B)	everyen	meris	secusi	u '
Ĕ	RISE TO THE ABOVE CAUSE	E (A) STATING TH		perter	iou		
CA	UNDERLYING CONDITION	JN LAST.	1	0 1: 1/2	eart Di		2
IFIC			(c) Ca	ecific He	au pe	ine	
RTI	OTHER SIGNIFICANT C			V			
CE	TRIBUTING TO THE DEATH, TO THE DISEASE OR COND			******************************			
L	19A. DATE OF OPERATION	19B. MAJOR	FINDINGS OF OPE	ERATION			20. AUTOPSY?
Y	ALL ACCIDENT CHICIDS	1 015 B1 4	CE OF INITIES /	to all one Where i	OID (If in Bo)	ltimore City of	ve exact location)
EDICAL	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify)	about home, f	CE OF INJURY (e. g. arm,factory,street,office bldg	, in or 21c. WHERE E g.,etc.) INJURY OCCU		itimore City, gi	ve exact location)
Σ	21p. TIME (Month) (Day) ((Year) (Hour)	21E. INJURY OCCUR	RED 215 HOW DIE	INJURY OCCU	R7	
	OF INJURY		WHILE AT NOT WHILE				
1		m.	WORK AT WORK	(10		
	22. I hereby certify that						that I last saw t
	deceased alive on Sep	1950.	and that death occ		., from the caus	es and on th	e date stated above
	23A. SIGNATURE	meth,	Truleist M. D.	238. ADDRESS	. Ililto	TI. St.	10/26/50
24	AA. BURIAL, CREMA- 24B. DA	7		ERY OR CREMATORY	24b, LOCATIO	N (City, town,	or county) (State
TIC	N. REMOVAL (Specify)	20/51	D. 1		Balta	60.	med.
D	ATE RECEIVED BY REGIST	RAR'S SIGNATU	Toplar	I 25. FUNERAL DIR	RECTOR	00,	ADDRESS
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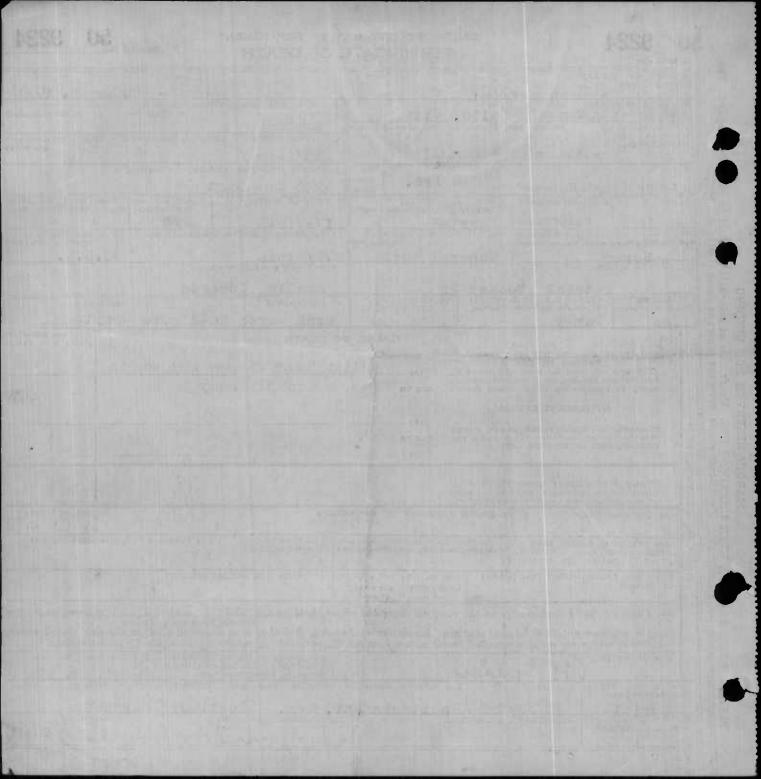
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	BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered	,50	9224
registered	110-	

В	RTH NO.	2 Of BEATH
1.	NAME OF DECEASED 'ype or Print) DAMBTON DOORTH	2. DATE
	PATRICK BOOKER	DEATH October 25, 1950
A.	PLACE OF DEATH: Baltimore City, Maryland Balto. City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission)
В.	FULL NAME OF "If not in hospital or institution, give street address or	Maryland
	ISTITUTION	township)
	Baltimore City Hospital	Baltimore
	Longth of stay in Politicans I5 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)
	Length of Stay in Daithnore Days	5636 Dove Court
	WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Months; Days Hours Min.
	male colored Married A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	1/9/1913 37
wor	A. USUAL OCCUPATION (Give kind of of the control of	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:
13	Laborer General Work	Virginia U.S.A.
	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
9 5	Patrick Booker Sr	Emelia Johnson
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Yes War # 2	Sarah Waren 5613 Love Court
	18. 023 X , CAUSE (OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
	(This does not mean the mode of dying, e.g., (A) DYDILL	itic heart disease with aortic
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	insufficiency
	ANTECEDENT CAUSES	
-	(B)	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
AT	UNDERLYING CONDITION LAST. (C)	
RTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
ER	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
LC	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
CA	21A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in about home, farm, factory, etreet, office bldg., e	a or 21c. WHERE DID (If in Baltimore City, give exact location)
EDI	UNDERLYING OR CONTRIB- about home, farm, factory, street, omce bidg., e	Mooki occoki
Z	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?
	OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	
		bove, held an Inquiry & Inspection thereon and from
		Autopsy, Inspection or Inquiry
	and death in my opinion resulted from; natural causes	equiry, find that said deceased died on the day stated above, \square , accident \square , suicide \square , homicide \square , undetermined \square .
	23A. SIGNATURE DEC.	238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED
	M. Visker M.	D. MEDICAL INVESTIGATOR
24 TIC	A. BURIAL, CREMA- 248. DATE 24C. NAME OF CEMETER	
	Rurial TO/30/T950 Baltimore Na	at. Cem. Baltimore Maryland
	ATÉ RÉCEIVED BY REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR ADDRESS
0	7 27 1950	Elioy a Wilson 1000 Branky and
v	5 151 6700	
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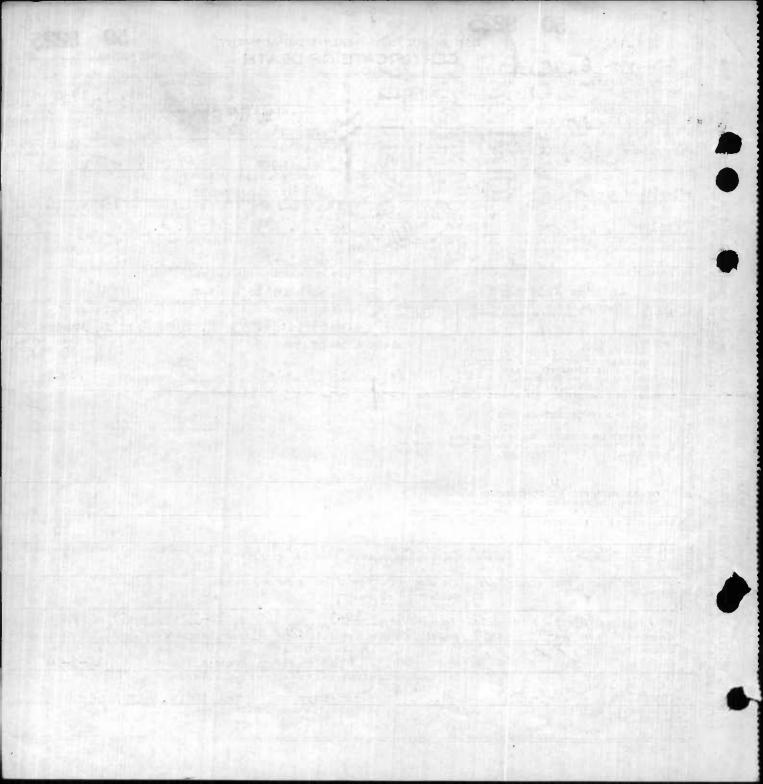
BALTIMORE CITY HEALTH DEPARTMENT

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	REA-1	-	BAI	LTIMORE CITY HE	EALTH DEPARTMENT	50	9225
BI	RTH NO			CERTIFICAT	E OF DEATH	Registered No.	
1.	NAME OF D ype or Print)	ECEASED	1 Laws	on_Palmetto		2. DATE OF DEATH Oct. 3	, 1950
A.	Baltimore (City, Maryland	al or institut	tion, give street address or	4. USUAL RESIDENCE (A. STATE Maryland	Where deceased lived, If ins B. COUNTY	stitution: residence before admission)
H	SPITAL OR ISTITUTION	Baltimore C 4940 Eastern		1 11	Baltimore	If outside corporate limits, v	write RURAL and give township)
c.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	d. STREET ADDRESS (I		
	sex emale	6. COLOR OR RACE	7. SINGL WIDOV Sing	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH Oct. 3, 1950		der i Yeer if Under 24 Hours has Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	1 7	O OF BUSINESS OR	11. BIRTHPLACE (State or		2. CITIZEN OF WHAT COUNTRY
13	. FATHER'S		Mar West		14. MOTHER'S MAIDEN		
		nthony Pritch			Palmetto La	wson	
(Ye	, no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Records: B. C.		n Avenue
RTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				itelectasis		l2 Hrs.
CERT	TRIBUTIN	SIGNIFICANT COND G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	'ED			
1				FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICA	21A. ACCIDI HOMICIDE	ENT. SUICIDE, (Specify)	21B. PL about home,	ACE OF INJURY (e. g., i farm,factory,street, office bldg.,	n or 2IC. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore City, give	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK							
2/	22. I hereb deceased a 23A. SIGNA 4A. BURIAL. ON, REMOVAL (S Cremation	CREMA- 248. DATE	1950	deceased from 10 and that death occur M. D. 24C. NAME OF CEMETE		the causes and on the	23c. DATE SIGNED 10-5-50 county) (State)
Dra	ATE RECEIVE	BY REGISTRAR	SSIGNAT		25. FUNERAL DIRECTOR	A	DDRESS

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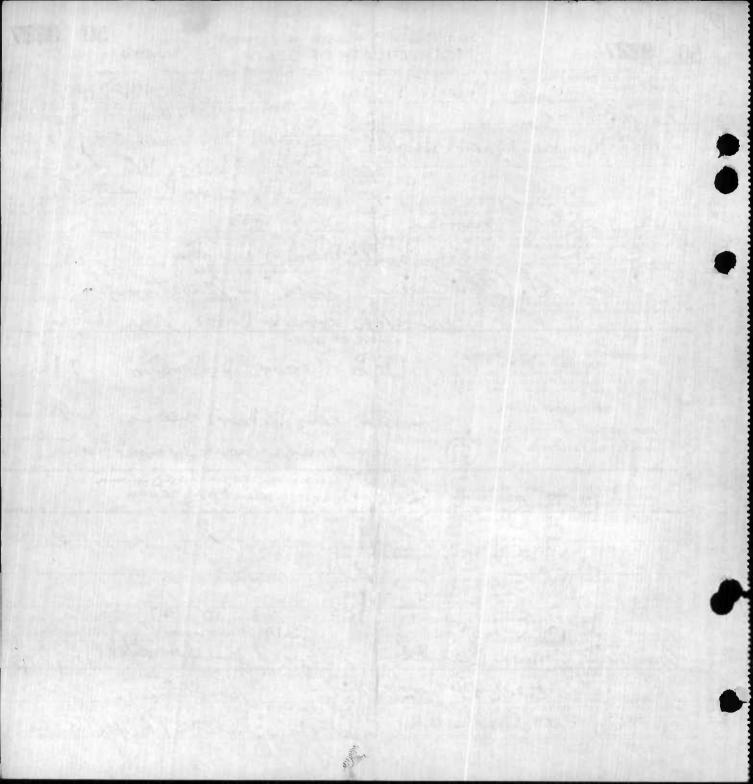


BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type of Print) SHEFFER OF upplied. 10.25-50 DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. 2805 c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Nov.a4 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTR machinist informat, s of death 13. FATHER'S NAME MOTHER'S MAIDEN NAME v Illiam 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO of item CAUSE OF DEATH 18. Every ite DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) ANTECEDENT CAUSES INK. ATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. (C) ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION HLIM important. nous CA more a 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING EDI about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE! WORK AT WORK 35A 1950, to_ SE WRITE P 9-13 16-25 22. I hereby certify that I attended the deceased from , 19 50, and that death occurred at 9 deceased alive on 10-25 23A. SIGNATURE 23B. ADDRESS Unio (10-1D BURIAL, CREMA- 248, DATE 24C. NAME OF CEMETERY OR CREMATORY | 24D/LOCATION (City, town, or county) REMOVAL (Specify) rurat E RECEIVED-BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 150

before admission) (If outside corporate limits, write RURAL and give ti Under 1 Year 9. AGE (In years | 1 Under 1 Year | If Under 24 Hours | In Jays | Hours | Min. If Under 24 Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) , 19 So that I last saw the _m., from the causes and on the date stated above. 23c. DATE SIGNED DRESS

If provide, please state a mon defente ant mone defente Dec Domment File 50-9226 for report in full



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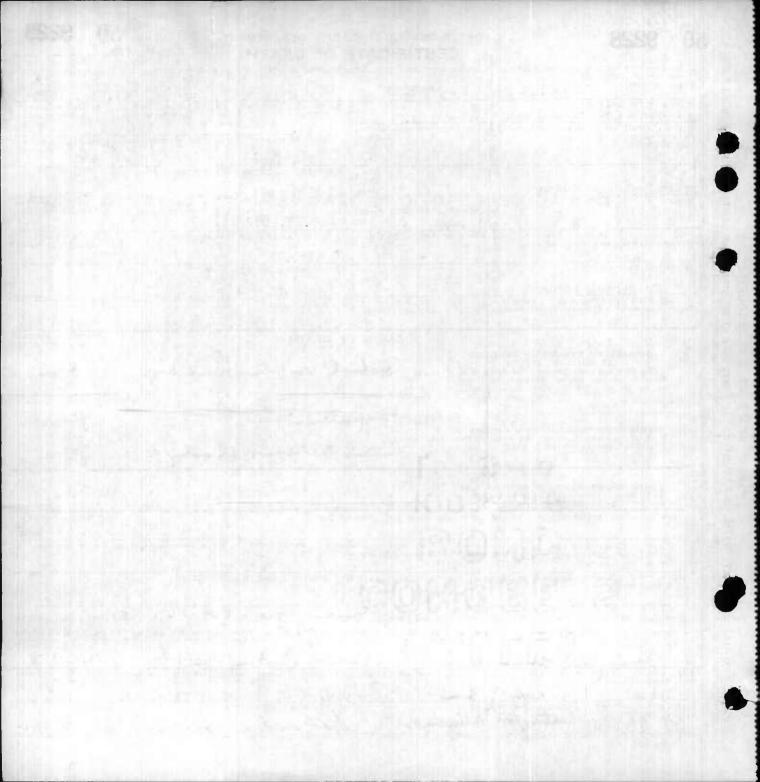
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BALTIMORE CITY HEALTH DEPARTMENT

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	UKK	O		CERTIFICAT	E OF DEATH	Registe	ered No	
_	RTH NO.							
	NAME OF E	C.	IRENE	BURROWS		2. DATE OF	0-+ 20 105	^
3. A.	PLACE OF E				4. USUAL RESIDENCE	(Where deceased lines, COUN		ence
B.	FULL NAME OSPITAL OR STITUTION	OF (If not in hospit	al or institut	ion, give street address or location)			e liwits, write RURAL a	nd give
0	0				Baltimore		2 de tov	wnship
c.	Length of s	stay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS (on)	
	SEX	6. COLOR OR RACE	7. SINGLI	E. MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In yes	ars If Under I Year If Under y) Months: Days Hours	24 Hours
	F	W	Wide	owed	NOV.27,1872	77		
worl	dnne during most	CCUPATION (Givekind of of working life, even if retired)	108. KINE	OF BUSINESS OR INDUSTRY		foreign country)	12. CITIZEN OF WHAT COU	NTRY
13	FATHER'S			-	Ralto. Md.	NAME	USA	
	Frede	rick Locke			Laura Wolf	'e		
15 (Yes	. WAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
Ì	No			N _O	Mr. William E.	VanDreele	2404 Roslyn	Ave.
	18. 33	14.		CAUSE	OF DEATH		INTERVAL BE	TWEEN
	DISEA	SE OR CONDITION					0	
	(This does	LEADING TO DEA	f dying, e. s	e, (A) lench	nel van ele	hem he je	- / hours	D
		are, asthonia, etc. It mea complication which o				0		
		ANTECEDENT CAUS	SES		+			
NO	DISEASE	S OR CONDITIONS, I	FANY GIVIN	(B)	ulenion		Jeans	
ATIC	RISE TO T	THE ABOVE CAUSE (A)	STATING TH	HE DUE TO	. 5.0	4	4	
U				(c)	, a - 2 com . 6	- Aller	- Jacos	
RTIF	OTHER 6	II SIGNIFICANT CONDI	TIONS					
lul	TRIBUTING	G TO THE DEATH, BUT	NOT RELATE	ED GE				
U				FINDINGS OF OPER	RATION		20. AUTOF	SY?
AL		0					1,50	NO P
IEDICAL	21A. ACCIE LYING O CAUSE OF	PENT WAS UNDER- R CONTRIBUTING DEATH		ACE OF INJURY (e. g., farm, factory, street, nffice bldg.,		(If in Baltimore	City, give exact location	n)
Σ	21D. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR		RY OCCUR?	-44-21-	
			m.	WHILE AT NOT WHILE AT WORK				
		by certify that I att			, 1944, to			
			_, 19 <u>50</u> .		rred at 1:36 P.m., from	the causes and		
	23A. SIGNA	TURE Hen		м. р.	238. ADDRESS	Short -	23c. DATE SI	
24	A. BURIAL.	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY 240	LOCATION (City	, town, or county) (State)
	Burial	10/30/	50	Druid Ridge		ikesville.	Md.	
LC	TE RECEIVE OCAL REGIST	REGISTRAR	S SIGNATU	IRE AND MARKET	Vm . Jeckner	Lone Sur.	Anoth, Oa	Zoes

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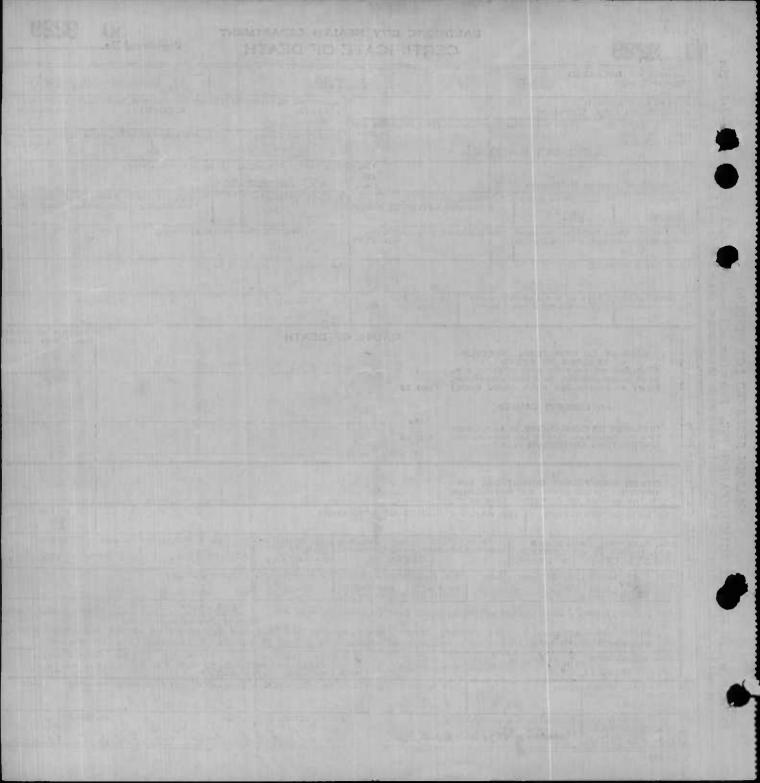


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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) GARY FRITTER OF October 26, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. STATE B. COUNTY before admission) A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION township) Lutheran Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 450 Random Road c. Length of stay in Baltimore Days 8. DATE OF BIRTH 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (ln years) If Under 1 Year last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Male White Single 1943 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? work done during most of working life, even if retired) INDUSTRY Raltimore. tudent 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harvey Fritter Ruby J. Cavey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mr. Harvey Fritter 450 Random Rd causes INTERVAL BETWEEN CAUSE OF DEATH 36 6 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Intra-cerebral hemorrhage (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) . NO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. S Ī. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 20. AUTOPSY 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION EDICAL 21c. WHERE DID (If in Baltimore City, give exact location)/ 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) P.S.#71, Loudon Ave. & Old Frederick Rd UNDERLYING M OR CONTRIB. UTING | CAUSE OF DEATH. 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY 3:00 Pm. Struck head on desk October Autopsy 22. I certify that I took charge of the remains described above, held an thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes [, accident B, suicide [, homicide [, undetermined []. 23A. SIGNATURE 23c. DATE SIGNED 23B, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR. 24A. BURIAL, CREMA- 24B. DATE 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Burial DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S, SIGNATURE

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24D. LOCATION (City, town, or county) ADDRESS

before admission)

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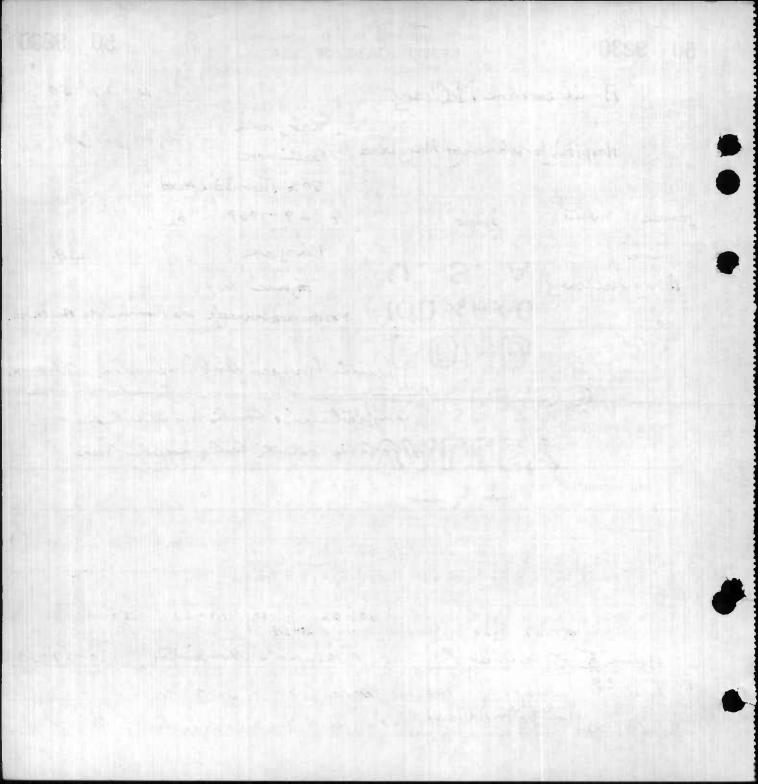
20. AUTOPSY

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12. CITIZEN OF

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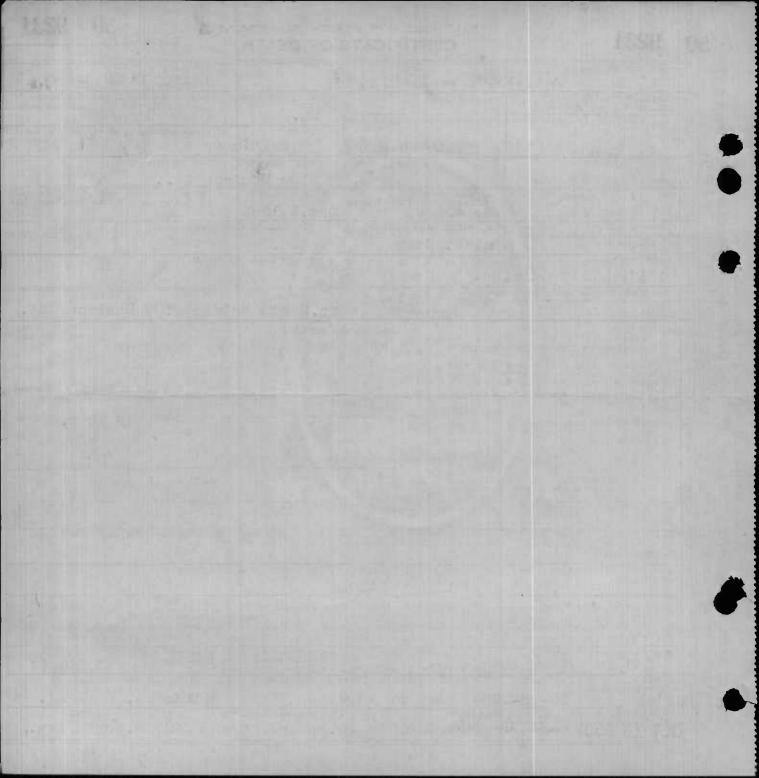


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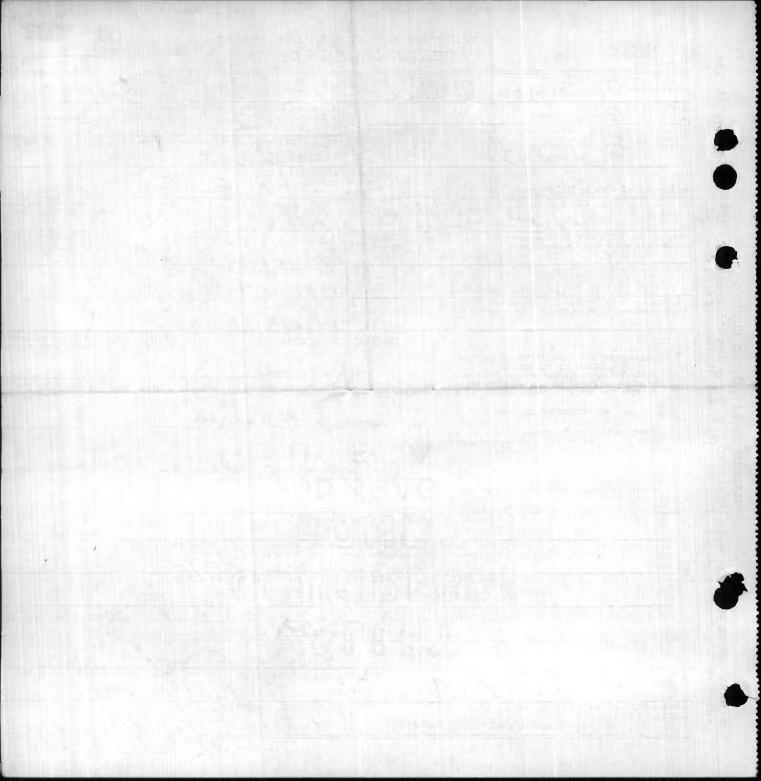
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

('	Type or Print) William L. Bridle		OF DEATH	25,1950
	. PLACE OF DEATH: . Baltimore City, Maryland	4. USUAL RESIDENCE (Wh	nere deceased lived. If ins	titution : residence before admission)
	FULL NAME OF ''f not in hospital or institution, give street address or OSPITAL OR	C. CITY OR TOWN (If o	utside corporate liberts, w	who bill of and sine
11	NSTITUTION UNIVERSITY HOSPITAL WOA	Baltimore	The second secon	township)
	Yrs.	o. STREET ADDRESS (If ru	iral, give location)	
	. Length of stay in Baltimore Days	2109 Denison	St.,	
1	1. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	0ct.5,1885	9. AGE (In years of Und last birthday) Month	as Days Hours Min.
WO	DA. USUAL OCCUPATION (Give kind of kdone during most of working life, even if retired) Laborer DA. USUAL OCCUPATION (Give kind of the local control of the	11. BIRTHPLACE (State or fore	eign country) 12	. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	ME	
	William L. Bridle, Sr.	Emily MILLS		
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		RESS
		Mrs. Marie Bridl	e 2109 Den1	
	75011	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	bonary Dis	ease	·
	ANTECEDENT CAUSES			
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE PUE TO UNDERLYING CONDITION LAST.	•••••••••••••••••••••••••••••••••••••••		
I OF	<u>(C)</u>			
	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
, S	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OFER	ATION		20. AUTOPSY?
AL	911			YES NO P
EDIC	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING about home, farm, fectory, street, office bldg., c CAUSE OF DEATH.	21C. WHERE DID (If to.) INJURY OCCUR?	in Baltimore City, give	exact location)
Σ	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT WORK AT WORK	21F. HOW DID INJURY	occur?	
	22. I certify that I took charge of the remains described a	bove, held an Lusp	to time	thereon and from
	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, In nquiry, find that said dec	spection or Inquiry eased died on the c	day stated above,
	23A. SIGNATURE &. Karmer, J. M.	238 CHIEF MEDICAL EX ASSISTANT MEDICAL EX D. MEDICAL INVESTIGATOR	AMINER	1.26,1950
2 TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER ON, REMOVAL (Specify)	RY OR CREMATORY 240. LOC	CATION (City, town, or	county) (State)
	urial 10-28-1950 Loudon Par		ltimore,	Md.
1	OCAL REGISTRAD 1 - TO A AMERICAN	G. Howard Strong		th Ave.,
VS	97093		0940	

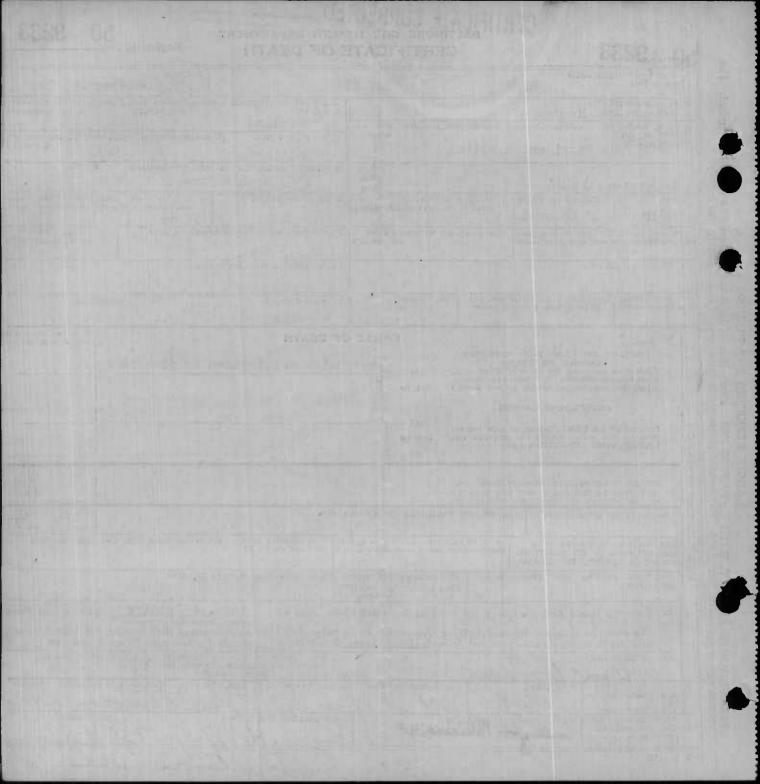


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9232 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF MON DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR (If outside corporate limits, write BURAD and give C. CITY OR TOWN INSTITUTION township) Yrs. D. STREET ADDRESS (If rural, giy location) Mos. c. Length of stay in Baltimore Davs 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) It Under 24 Hours a last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) 0 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR RTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY ABURER 166 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or nnknown) | (If yes, give war or dates of service) SECURITY NO. INTERVAL BETWEEN 18. 52 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES O DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. 11 RT OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA NO 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID ED HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE nded the deceased from 10/20 1950, to 10/25, 1950 that I last saw the 1950, and that death occurred at 1150 m., from the causes and on the date stated above. 22. I hereby certify that I attended the deceased from. ., 1950 that I last saw the deceased alive on. 23B. ADDRESS 23A. SIGNATURE 23c. PATE SIGNED 24A. BURIAL, CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 0-29 DATE RECEIVED BY REGISTRAR'S SIGNATURE 28. FLINERAL DIRECTOR ADDRESS REGISTRAR VS 150



3-1	6	53	CEI	RTIFIC			ALTH DEPARTMENT OF DEATH	Registere	50 d No	9233
The	1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION Provident Hospital Yrs. Mos. Days						2. DATE OF Oct	cober 26	. 1950	
applied.							4. USUAL RESIDENCE (Where deceased lived. If institution: residence a. STATE B. COUNTY before admission) Maryland C. CITY OR TOWN (If outside corporate limits; write RURAL and give township)			
legibly.						Baltimore D. STREET ADDRESS (If rural, give location) 1503 Mosher Street				
should be carly and leg	5. SEX 6. COLOR OR RACE 7. S				SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday)	if Under 1 Year Months Days	lf Under 24 Hours Hours Min.
0	work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Boston, Mass.		12. CITIZ WHA	EN OF
ITH UNFADING INK. Every item of in ant. Physicians: please write the causes o		13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME			
	(Yes	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 2. 1-09-92					17. INFORMANT ADDRESS Isabelle Johnson 811 hatcoat 5t.			ŧ.
	EDICAL CERTIFICATION	(C)								
		OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER				ATION			AUTOPSY?	
		21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. OR CONTRIB. UTING CAUSE OF DEATH.							y, give exact	No X location)
	ME	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK								
correct age is especially	DA LC	Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the d and death in my opinion resulted from: natural causes A, accident , suicide , homicide , unde 23a. SIGNATURE ASSISTANT MEDICAL EXAMINER							the day st , undetermi 23c. DATE S	ined SIGNED -50 (State)
l	V	S 151			97099		1 Balti	more.	Md	- 931



9234 Registered No .before admission) (If outside corporate limits, write BURAL and give township) If Under 1 Year Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY ONSET AND DEATH 20. AUTOPSY7 (If in Baltimore City, give exact location) thereon and from

23c. DATE SIGNED

ADDRESS

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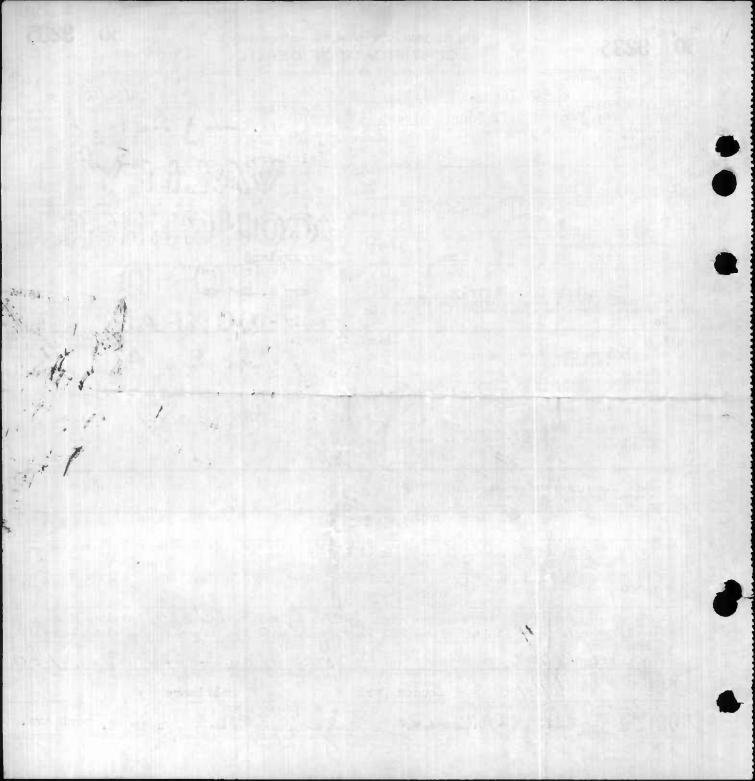
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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Registered No)
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DEATH IO/24 Where deceased lived. If in	stitution: residence
B. COUNTY	before admission)
outside corporate limits	14 10 10 1
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rural, give location)	0
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	20. AUTOPSY7
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If in Baltimore City, giv	ve exact location)
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BIRTH	H NO.							
	ME OF DI		ATDE C	TIDAL DO		2. DATE. OF	10 + 10 =	
A. Ba	ACE OF DI Itimore C	EATH: lity, Maryland	AIRE S. 39II Fou		4. USUAL RESIDENCE A. STATE	(Where deceased lived. B. COUNTY	bef	fore admission
INSTI	TUTION				c. CITY OR TOWN Baltimore	(If outside corporate lin	5-0	township
		tay in Baltimore		Yrs. Mos. Days	D. STREET ADDRESS 39II Fourt			
5. SE	x	6. COLOR OR RAC	7. SINGL WIDOV	E. MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH 9/2/1879	9. AGE (In years last birthday)	If Under Year Months Days	Hours Min
work done	JSUAL OCC	CUPATION (Give kind f working life, even if retire	d)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZ WHA	ZEN OF
	ATHER'S N				14. MOTHER'S MAIDEN Mary I. Hod			
(I es, no	AS DECEASE or unknown)	D EVER IN U.S. ARM (If yes, give war or da	ED FORCES? tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Family - Same		ADDRESS	
RTIFICATION	heart failur injury or DISEASES RISE TO TI UNDERLY	not mean the mode re, asthenia, etc. It m complication which ANTECEDENT CAU OR CONDITIONS, HE ABOVE CAUSE (A ING CONDITION	cans the diseas caused death JSES IF ANY, GIVIN () STATING TI LAST.	(C)	nary Artes onary Des	elusion		95
CE CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) CAUSE OF DEATH						YES	NO Location)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT WORK AT WORK							¥	
24A.	ceased al	REMA: 24B. DATE	messir	and that death occur	red at 10.55 m., from 38. ADDRESS 1403 S. Cha		23c. DA	tated above ATE SIGNED 27/50
	B RECEIVED CT 28	10/28,	50 R'S SIGNATU	Loudon Park	25. FUNERAL PURECHO	altimore - 130	ADDRES	

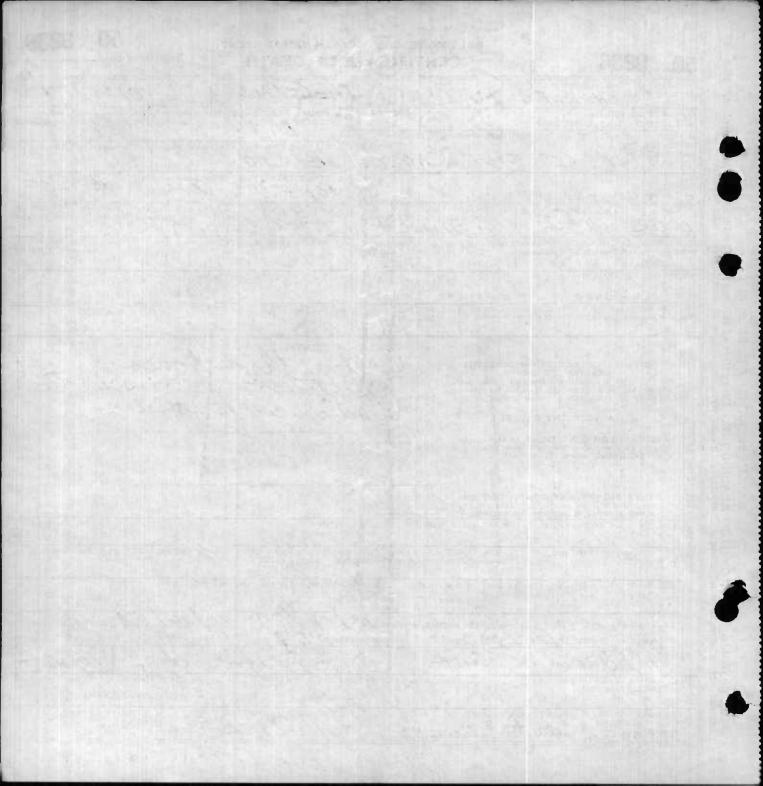
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1	should be sulf	clearly and legibly.
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1	PLEASE WRITE H ALY, WITH	correct age is especiany important.

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671	DESCRIPTION OF DEATH Registered No.	0000
	NAME OF DECEASED Type or Print) CHARLES MARION HIGGINS St. DEATH 10/3	6/50
A	Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If ins. B. COUNTY)	titution : residence before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) OSEPH'S HOSP. C. CITY OR TOWN (If outside corporate limits, where the corporate limits, which is the corporate limits and the corporate limits, which is the corporate limits and the corporate limits are corporate limits, which is the corporate limits and the corporate limits are corporate limits.	write RURAL and give township)
C	Yrs. D. STREET ADDRESS (If rural give location) Mos. Days Of Fight	# 25-
	Male White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 11. 1. 1892 9. AGE (In years of time Month) Month	ler 1 Year ns Days Hours Min.
10 wor	OA. USUAL OCCUPATION (Give kind of rk done during most of working) life, even I retired) Listual	CITIZEN OF WHAT COUNTRY
1:	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucos. Heel	
1: (Ye	E WAS DECEASED EVED IN II C ADVEST FAREST LAS COCKE	RESS
ERTIFICATION	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	ONSET AND DEATH
U	TO THE DISEASE OR CONDITION CAUSING IT.	20. AUTOPSY?
EDICAL	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	YES NO Execution No
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY MHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from 10 / 8 / 519, to 10/36/519, and that death occurred at 7 5 m., from the causes and on the	
TI	The delies Science M. D. St. Jolph's Party of CREMATORY 24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or COMPANY (Specify) 10.30.50	RE
	OCT 28 1050 REGISTRAR'S SIGNATURE ACT 28 1050 Milesus, M. S. Access J. Lee Cessey	DDRESS
	29066 /30 E. Tout ar.	093d



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If Under 24 Hours

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

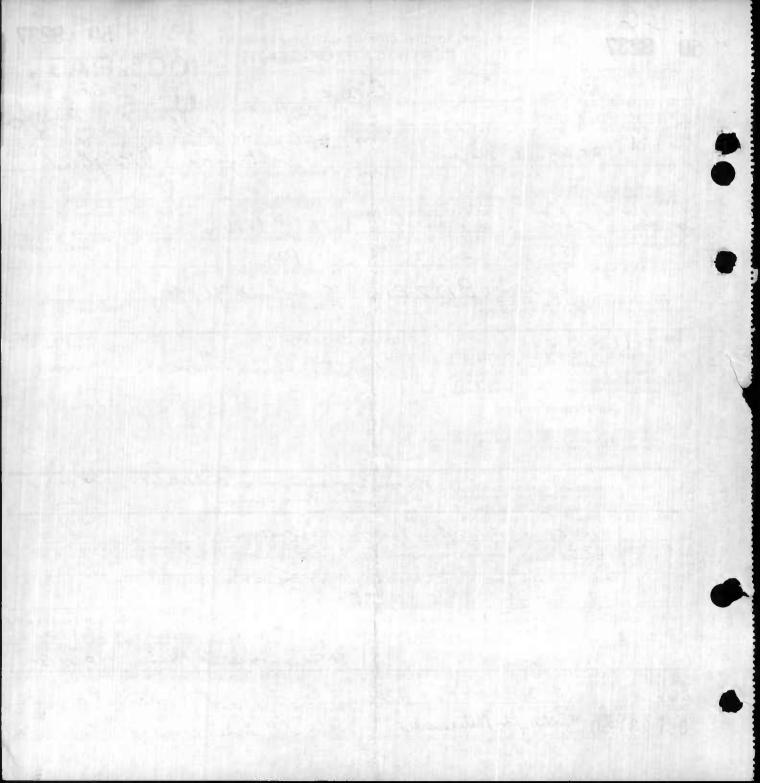
23c. DATE SIGNED

10/18/50

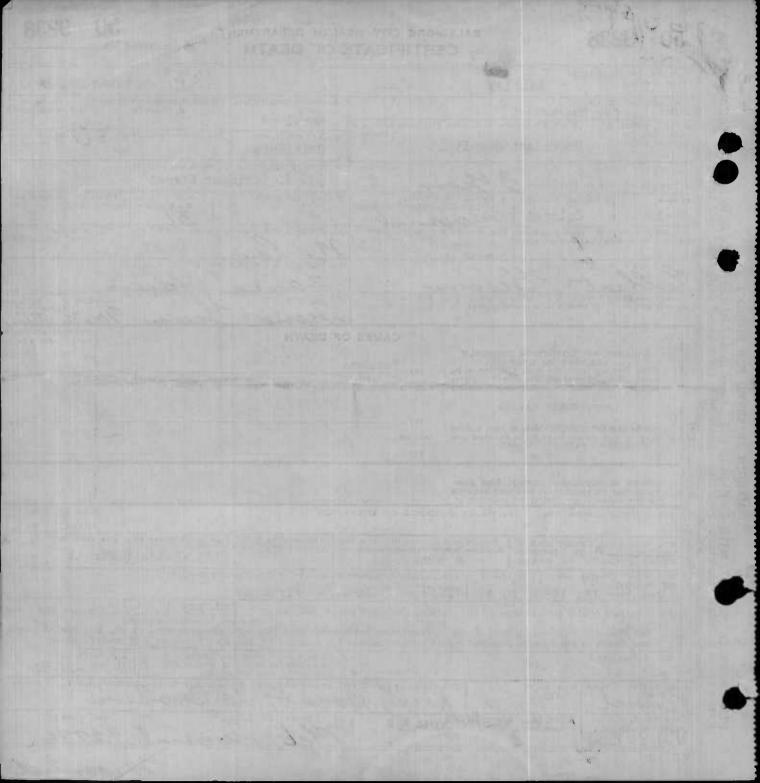
If Under 1 Year

ADDRESS

12. CITIZEN OF



6	14	50 9238 BALTIMORE CITY HE CERTIFICATI		9238
The	1.	NAME OF DECEASED (Sype or Print) WILLIAM GREEN	1 2. DATE	r 26, 1950
upplied.	B.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF OSPITAL OR ISTITUTION Provident Hospital	A. USUAL RESIDENCE (Where deceased lived, If inst A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, w	itution : residence before admission)
canth.	C.	Length of stay in Baltimore 3 4 Days	Baltimore D. STREET ADDRESS (If rural, give location) 906 N. Stricker Street	
ld be		Male 6.COLOR OR RACE 7. SNGLE, MARRIED, WIDOWED, DIVORCED (Specify)		Hours Min.
national hould at the clearly an	worl	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) B. EATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. 14. MOTHER'S MAIDEN NAME	CITIZEN OF WHAT COUNTRY?
informative of death		5. WAS DECEASED EVER IN U. S. ARMED FORCES? 4. no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	RESS SE
GIN RESERVED FOR BIN DING INK. Every item of i ans: please write the causes	CATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Tetanu	shot wound of left thigh	INTERVAL BETWEE
MAKGIN UNFADING Physicians:	ERTIFI	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
H .	IL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		20. AUTOPSY?
Y, WITH important.	MEDICA	21A. EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (a. s., in about home, farm, factory, street, office bidg., c a home 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY October 14, 1950 10 A m. WHILE AT WORK AT WORK	21F. HOW DID INJURY OCCUR?	
WRITE PL		22. I certify that I took charge of the remains described a the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes 23A. SIGNATURE	bove, held an Autopsy Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the dientification of the said deceased died on the dientification of the said deceased died on the said d	otermined
PLEASE W	24 TX		RY OR CREMATORY TO LOCATION (City town, or control of the control	10-27-50 county) (State)
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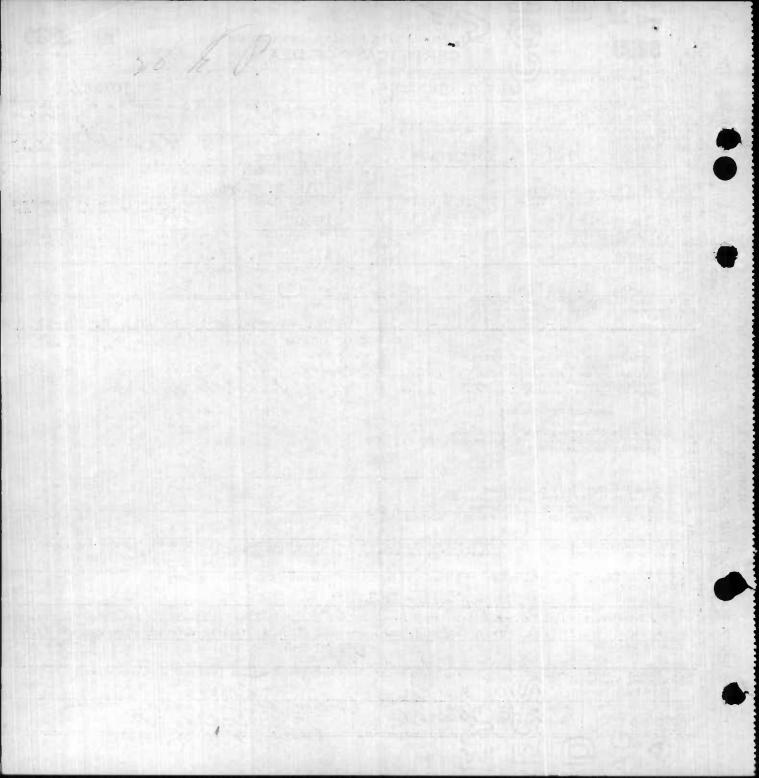
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GI	2.50
he 2	0 9239 BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT

50 9239

BI	RTH NO.		CERTIFICAT	E OF DEATH	Register	red No	
	NAME OF DECEASED ype or Print)		G. GEIGAN		2. DATE OF DEATH	10/26/	50
	PLACE OF DEATH: Baltimore City, Ma	ryland		4. USUAL RESIDENCE (W	Vhere deceased live B. COUNT		: residence ore admission)
	FULL NAME OF (If	not in hospital or instit	ution, give street address or location)		outside comporate	Himito Coin 1911	TDAT d -i
	STITUTION	LO12 E. Nor		Baltimore	outside corporate	ninits, write KU	township)
1			Yrs.	D. STREET ADDRESS (If	rural, give locatio	n)	
c.	Length of stay in B.	altimore	Mos. Days	1012 E. North	h Avenue		
5.	SEX 6.COLO	R OR RACE 7. SING	LE, MARRIED, DWED, DIVORCED (Specify)	8. DATE OF BIRTH	1 9. AGE (In year	rs It Under I Year) Months: Days	Hours: Min
1	emale Whi	Lte S	ingle	1869	81	, said the said	A TOURS
1 C	A. USUAL OCCUPATIOn done during most of working life	N (Give kind of 10B, KI) (even if retired)	ND OF BUSINESS OR INDUSTRY			12. CITIZ WHA	EN OF T COUNTRY?
	none		-	Baltimore, Md			
13	. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME		
16	John J.		1 10 00 01	(?)			
(Ye	. WAS DECEASED EVER IN , no or unknown) (lf yes, a	U.S. ARMED FORCEST rive war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
-	no l	-		Mrs. Howard W	right 10		
	18. 422.1	1	CAUSE	OF DEATH			VAL BETWEEN T AND DEATH
	LEADIN	ONDITION DIRECTLE G TO DEATH	Y /2.	La : 000/2 1:0	C. 1-1:		1 100
1	(This does not mean	the mode of dying, a, etc. It means the dis	e. g., (A)	feriosclerotie Slascula	2		7 1/15
	injury or complicat	ion which caused de	ath.) DUE TO	1/a5c019	Dise	ase	
RTIFICATION	ANTECE	DENT CAUSES	(B)				
		IDITIONS, IF ANY, GI CAUSE (A) STATING NDITION LAST.				***************************************	
FIC	<u>C</u> (c)						
RT	OTHER SIGNIFIC	II ANT CONDITIONS					
CE	TRIBUTING TO THE	DEATH, BUT NOT REL	ATED				
AL	19A. DATE OF OPERA		OR FINDINGS OF OPER	RATION	MILITON DE		AUTOPSY?
S	21a. ACCIDENT, SUIC	IDE. 218. F	LACE OF INJURY (e.g.,	n or 21c. WHERE DID (I	If in Baltimore C	ity, give exact	location)
MEDIC	HOMICIDE (Specify		ne, farm, factory, street, office hldg.,			Talula !	
-	21p. TIME (Month) OF INJURY	Day) (Year) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		OCCUR?		
В	22. I hereby certify				0-25	1950 that I	last saw the
B	deceased alive on_	10-26 19 0	and that death occur	-24, 19 4, 40 / rred at 5 a.m., from t	he causes and	on the date s	tated above.
	23A. SIGNATURE	7 70		23B. ADDRESS	C.	23c. DA	ATE SIGNED
	0: K	. Jun	м. р.	11 C. Chare	- UF	-	27-50
2. TI	ON, REMOVAL (Specify)	4B. DATE	24c. NAME OF CEMETE		OCATION (City,	town, or county)	(State)
-	Burial	10/30/50	Cathedra		ty	() ADDRES	c
L'C	ATE RECEIVED BY CAL REGISTRAR	EGISTRAR'S SIGN	Mianes, M.F	25. FUNERAL ORECFOR	er sy	ADDRES	
	VS 150				7.VI. 6.26.K	09	3 d

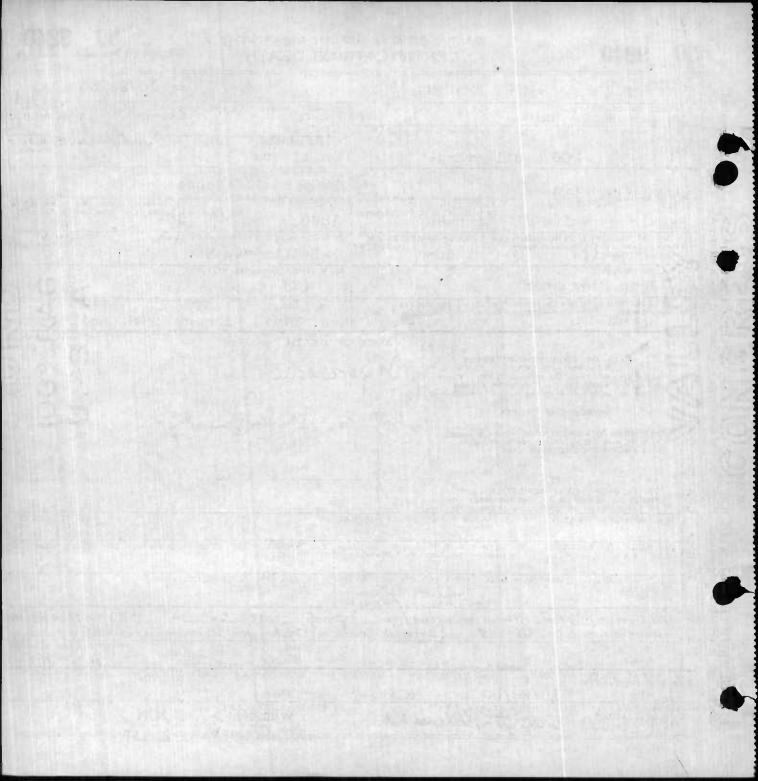


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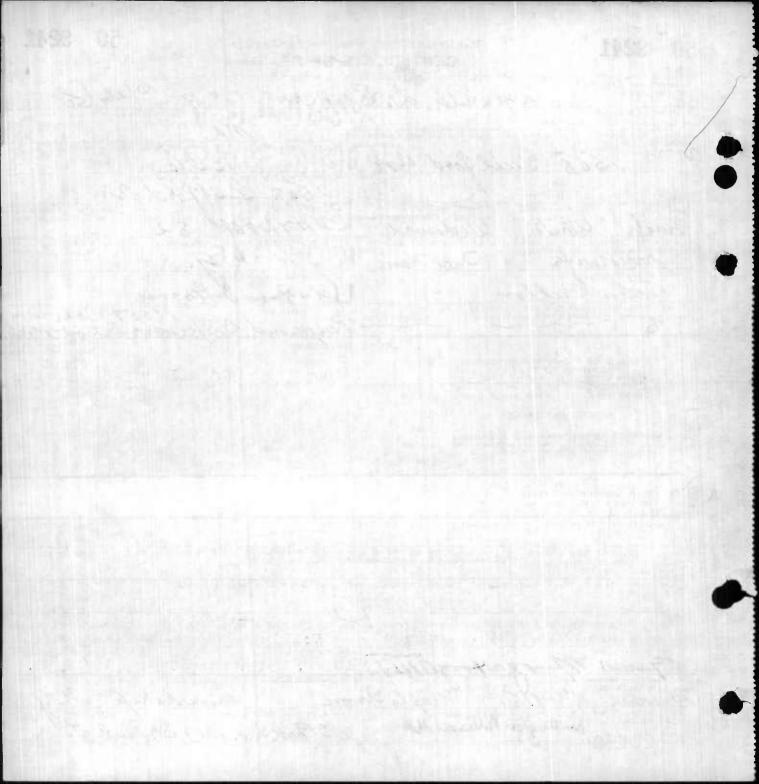
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2, DATE (Type or Print) MARY BRANAN OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY hefore admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate lim to write RURAL and give C. CITY OR TOWN INSTITUTION township) 2206 cecil Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2206 Cecil Avenue c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. WIDOWED, DIVORCED (Specify) White 1860 Female Widowed 10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired)
HOUSEWIIE INDUSTRY WHAT COUNTRY? at home Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME (?) John Fleschman 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. David McCourt 2208 Cecil Avenue NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? HOMICIDE (Specify) about bome, farm, factory, street, office bldg., etc.) 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE! AT WORK WORK , 1947, to Oct. 26 _, 19.50 that I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Oct. 15, 19 50, and that death occurred at 9:30 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRES 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 24B. DATE 10/28/50 ouria] molv Redeemer 25. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150



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	BIRTH NO.

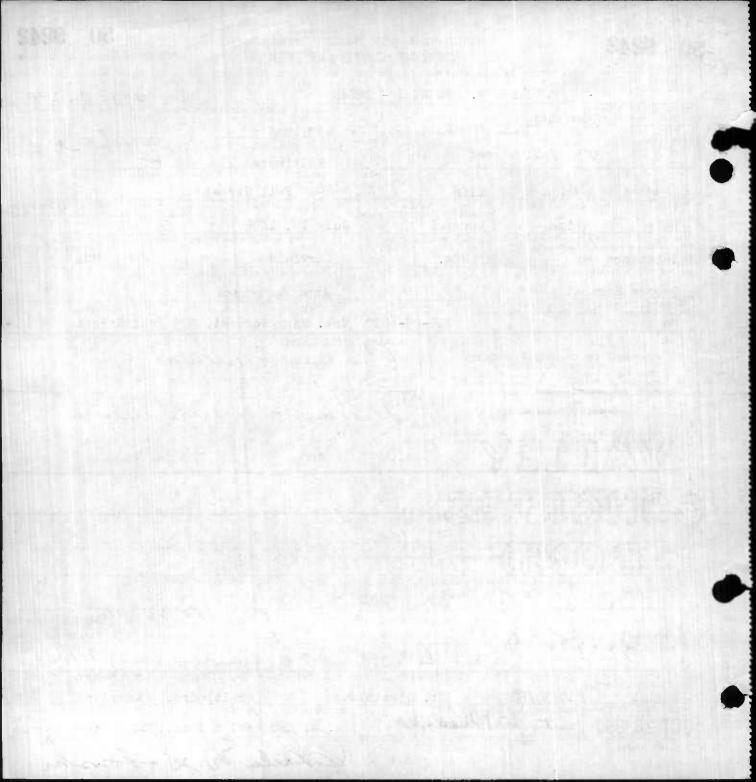
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF pplied. JOSEPH R. BORACKI - BROWN DEATH October 26. 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or Maryland HOSPITAL OR location) C. CITY OR TOWN (If outside corpor te limits write RUHAL and give INSTITUTION Fell Street 905 township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 905 Fell Street Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. OATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours last birthday) Months: Days Hours: Min. July 19, 1895 Male White Married 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KINO OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Maintenance Man Can Mfg. Maryland USA informati s of death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Boracki Anna Kuczynska 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 5-09-6020 No Mrs. Mary Beracki, 905 Fell Street INTERVAL BETWEEN item CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEAOING TO DEATH
(This does not mean the mode of dying, e.g., (A) . write heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED 回 TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINOINGS OF OPERATION 20. AUTOPSY mportant. CA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF OEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW OID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE WORK 76, 19 Sthat I last saw the 22. I hereby certify that I attended the deceased from. deceased alive on Oct 25, 1950 and that death occurred at. Sm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED S 24A. BURIAL, CREMA-24B, OATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, NOWN, YOK COSMICY) (State) Burial 10/30/50 St. Stanislaus Baltimore Maryland OATE RECEIVED BY REGISTRAR'S 25. FUNERAL DIRECTOR SIGNATURE ADDRESS Sadowski & Sons, 1808 Eastern Avenue

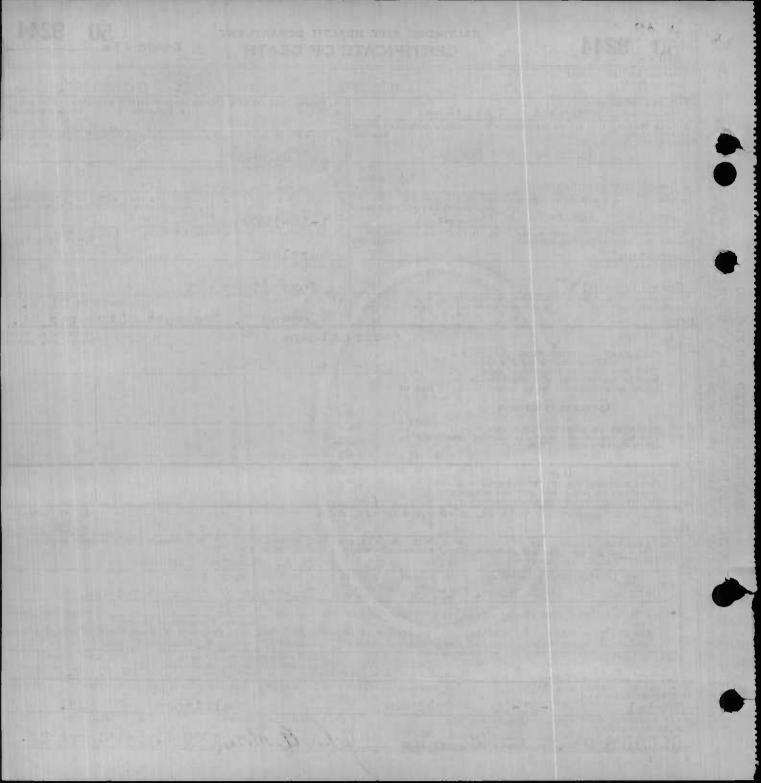
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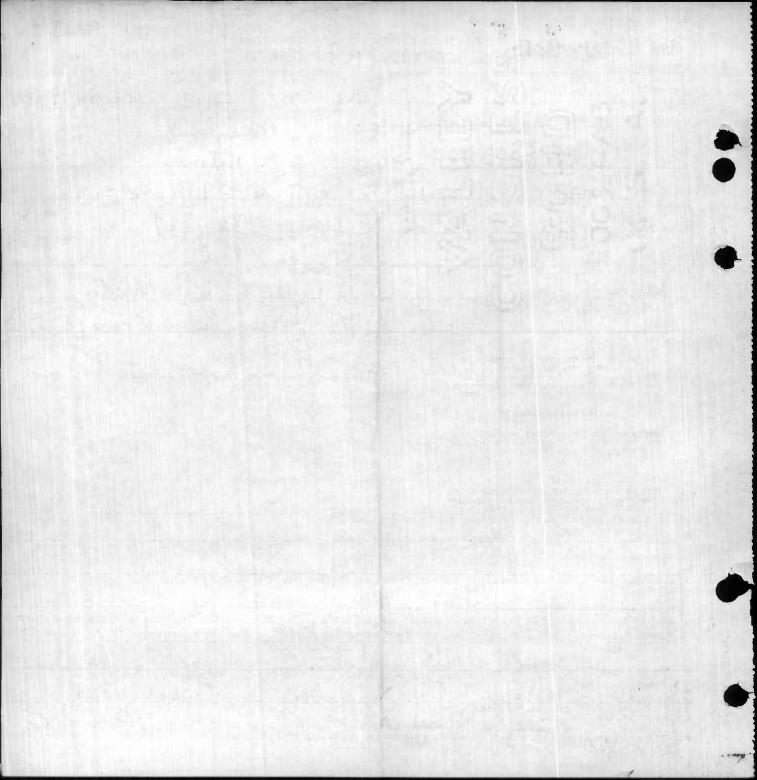


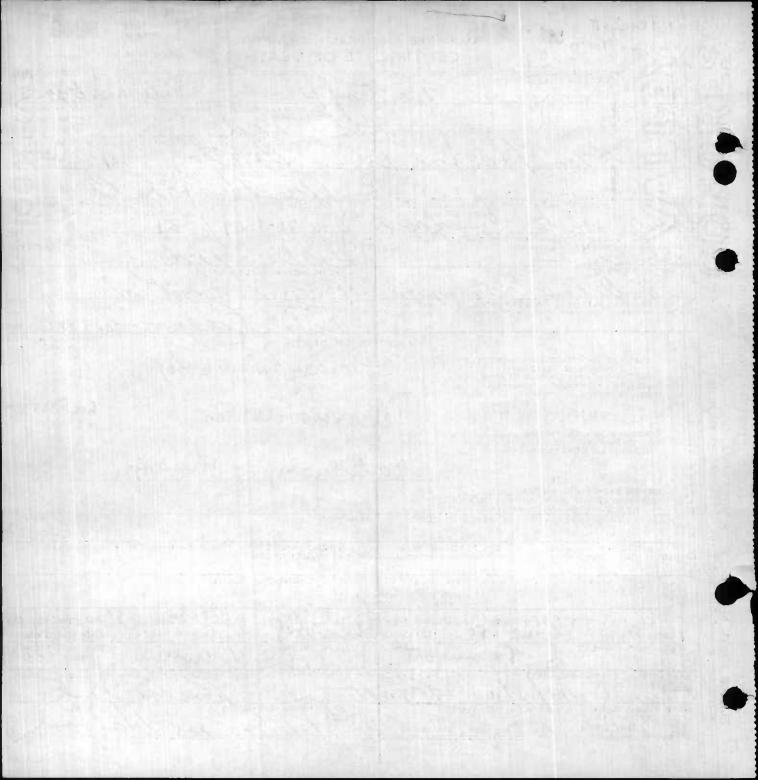
9243 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Margaret M. Ballman OF 10-27-50 DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH: A. STATE B. COUNTY before admission) A. Baltimore City, Maryland Raltimore Marvland (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate limits, write BU AL and give INSTITUTION 103 N. Potomac St. township) Baltimore D. STREET ADDRESS (If rural, give location) Vra Mos. Life N. Potomac St. c. Length of stay in Baltimore Days 5. SEX 9. AGE (in years If Under I Year I Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify Female Married 6-23-1902 10A. USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 10B. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired)
Factory worker WHAT COUNTRY? Refrigeration Maryland informati s of death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James O'Keefe Mabel Carrall 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or uokoown) (If yes, give war or dates of service) 219003-561 no Daniel R. Ballman 103 N. PotomacSt INTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: CA L RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 19A. DATE OF OPERATION Quesalized Carcinoma mportant. -25-50 21A. ACCIDENT, SUICIDE, (If in Baltimore City, give exact location) ZIB. PLACE OF INJURY (e. g., io or 21c. WHERE DID MEDIC HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT WRITE PLA WORK AT WORK OCT 26 Jan 1950 to . 196. that I last saw the 22. I hereby certify that I attended the deceased from deceased alive on Oct 26, 1950, and that death of ourred at Witop m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE CT 28.1940 Charles (24A. BURIAL, CREMA-TION, BEMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 田品 10-30-50 New Cathedral Baltimore Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE REGISTRAR 7an 3000 E. Baltimore St. VS 150

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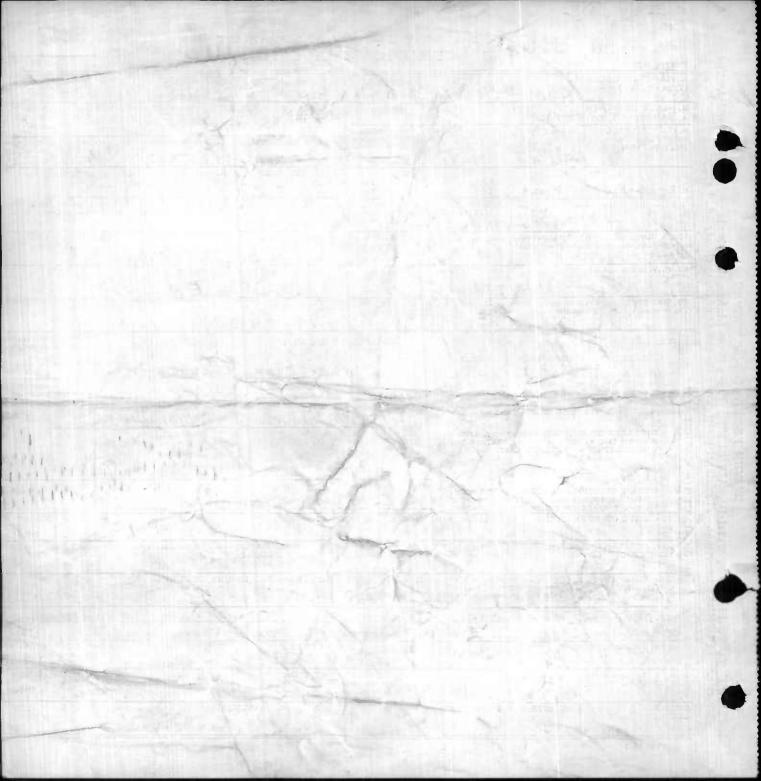






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	50 5647	EALTH DEPARTMENT		9247
В	IRTH NO.	E OF DEATH	Registered No.	
	NAME OF DECEASED Type or Print) ADA VIRGINIA JOH.	NSON	2. DATE OF DEATH /6 -	28-50
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Who		itution : residence before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	MARYLAN		
	NSTITUT ION	c. CITY OR TOWN (If or	utside corporate limits, w	rite RURAL und give
=	A I NOVIDENT HOSPITAL Yrs.	D. STREET ADDRESS (If ru	ral, give location)	0.60
C.	Length of stay in Baltimore Mos. Days	1315 BRUN	7 37.	
5	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			I Year H Under 24 Hours S: Days Hours: Min.
1	EMALE NEGRO MARRIED - SEP.	2-15-21	29	
WOL	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or fore	ngn country) 12.	. CITIZEN OF WHAT COUNTRY:
	UNEMPLOYED B. FATHER'S NAME	14. MOTHER'S MAIDEN NAM	E, /NO .	
	FARL WHITTING TON	SOPHIE	ENNELLS	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDR	RESS
	SECORITI NO.	MOTHER	1315 B	RUNT ST.
	18. 442X CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	RONIC GLOMER	UKO NEPHRITI	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	TONIC GROMEN	UNONEPHRIT	\$
	injury or complication which caused death.) DUE TO	C	ARDIO .	
Z	ANTECEDENT CAUSES	PERTENSIVE TI		
TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
OA	UNDERLYING CONDITION LAST.			
ERTIFI	(c)	44-		
FR	OTHER SIGNIFICANT CONDITIONS CON-	MANA VED KY		
Ü	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ANEM ANEM	//	20, AUTOPSY?
AL	138. MAJOR PHYDINGS OF OPER	ATTON		YES NO
EDICA	21a. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., in HOMICIDE (Specify) about home, farm, factory, street, office bldg.,		in Baltimore City, give	exact location)
ME				
	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRI		OCCUR?	
	m. WORK AT WORK			
	22. I hereby certify that I attended the deceased from 9-		-28 , 195°, tl	
	deceased alive on 10-28, 1950, and that death occur	26. ADDRESS	causes and on the a	ate stated above. 3c. DATE SIGNED
	J. N. Cinhay M.D. M.D.	Twident 9	Harp. 1	10-28-50
2. TI	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE ON, REMOVAL (Specify)	RY OR CREMATORY 24D. LOC	Winder Ro	county) (State)
D	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	2 C AE	DDRESS
D	CT 291950 - 1 H. Williams MA	Davis H Bos	godenie / W	eductoris
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BALTIMORE CITY HEALTH DEPARTMENT

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B	RTH NO.	50 324	.0	CERTIFICAT	E OF DEATH	Registered 1	No
1.	NAME OF E	ECEASED				2. DATE	
(1	ype or Print)	Frances T	Vler Ho	shall		DEATH Oct.	27, 1950
A.		City, Maryland		al howavenil	4. USUAL RESIDENCE (Where deceased lived, If B. COUNTY	institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL ORBalt imore City Hospitals				ion, give street address or			
IN	STITUTION	altimore lit	y Hospi	tals	c. CITY OR TOWN	If outside corporate limi	ts, write RURAL and give township)
- 1		1940 Eastern	Avenue		Baltimore	27.	-10
C	Length of s	stay in Baltimore	L	ife Yrs. Mos. Days	706 Winston A		
	SEX	6. COLOR OR RACE	7. SINGLI	E, MARRIED, /ED, DIVORCED (Specify)		9. AGE (In years)	f Under 1 Year If Under 24 Hours
Fe	male	White	2.0	/ED, DIVORCED (Specify) ried	Feb. 1, 1919	last birthday) Mo	onths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of working) [16, even if retired	I 10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or		12. CITIZEN OF
WOI.	Fruse	V		INDUSTRY	Maryland		WHAT COUNTRY
13	. FATHER'S				14. MOTHER'S MAIDEN	NAME	1
		Caleb Tyl	er		Lilly	S. Dean	V
15	. WAS DECEAS	ED EVER IN U. S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL	17. INFORMANT		DDRESS
(16	s, no or unknown)	(11 yes, give war or dat	os or service)	SECURITY NO.	Records: B. C. H	. 4940 Easter	n Avenue
	18. 180	. 0		CAUSE	OF DEATH		INTERVAL BETWEEN
	000	SE OR CONDITION	DIRECTLY		1111	/	ONSET AND DEATH
		LEADING TO DEA	ATH	Polio	myelitis bulk	a from	6 weeks
	heart fail	ure, asthenia, etc. It me complication which	ans the diseas	se,	CI	was hunting	
	,, 0.			., 502 10		9	
z		ANTECEDENT CAU	ISES	(8)			
0		S OR CONDITIONS,		NG	***************************************		
AT.		YING CONDITION		HE 502 10			
FIC				(C)			
F							
☐ ☐ TRIBUTING TO THE DEATH, BUT NOT RELATED				ŁD .			
U				FINDINGS OF OPER	RATION	••••••••••••••••	20. AUTOPSY?
AL		2					YES NO
EDICAL	21A. ACCIDENT, SUICIDE, About home, farm, factory, street, office bldg.				in or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City,	give exact location)
Σ		(Month) (Day) (Year	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJUR	RY OCCUR?	
	OF INJURY			WHILE AT NOT WHILE			
			m.	WORK AT WORK	2	10-27 : .=(, that I last saw the
	22. I heret	by certify that I at	tended the	deceased from 9-19	, 190 , to		
	23A, SIGNA				rred at 10:45Pm., from	the causes and on t	ne date stated above.
	EUA. GIGINA		Chan.	*** * D	4940 Eastern Ave	enue	10-28-50
2.	4A. BURIAL,	CREMA- 248. DATE		24C. NAME OF CEMETE		LOCATION (City, town	
1	ON, REMOVAL (Clet31-		Dreens		Saltimo	e ml
	ATE RECEIVE OCAL REGIST		SIGNATI	Villianes, Mar	25. FUNERAL DIRECTOR	le the - 1	217 St Coul
=	VC 150	300°	· Andone	STATE OF STA			1 JI

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Day at			

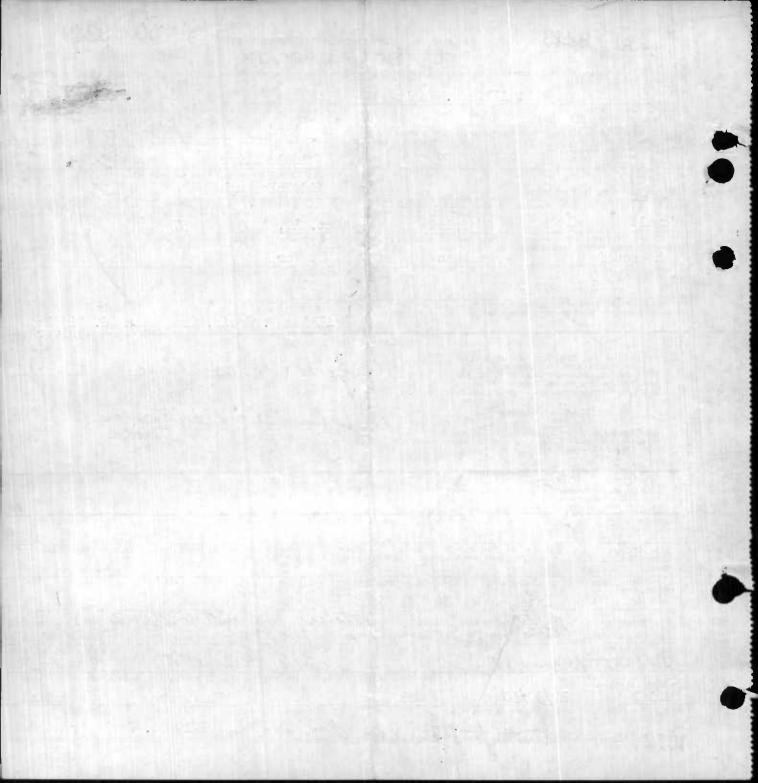
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•	PL W,	pecial Impor
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4	E WRITE PL	age is especial impor
•	PLE SE WRITE PL WITH UNFADING INK. Ever	correct age is especial impor

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DIRTH NO	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

X	50	9249
	Registered	No

BIRTH NO.			CERTIFICAT	E OF DEAT	H Registere	d No.
1. NAME OF (Type or Print)		illie	". Knois		2. DATE. OF DEATH OC	tober 26, 1950
3. PLACE OF A. Baltimore				A. STATE	ENCE (Where deceased lived	. If institution : residence before admission)
B. FULL NAMI	E OF (If not in hospit	al or institut	ion, give street address or location)		Baltim	ore
INSTITUTION	4703 Hampne	ett Aver		Middle F		mits, write RURAL and give township)
0.2			Yrs. Mos.		ESS (If rural, give location	food
c. Length of	stay in Baltimore		Days	Middlebor		
female	1. COLOR OR RACE	WIDOW	E, MARRIED, VED, DIVORCED (Specify) Pied	0ct. 10, 18	last birthday)	Months Days Hours Min.
10A. USUAL C	CCUPATION (Givekind of		OF BUSINESS OR		State or foreign country)	12. CITIZEN OF
fork done during mod	st of working life, even if retired)	own he	INDUSTRY	New York		WHAT COUNTRY
13. FATHER'S				14. MOTHER'S MA	IDEN NAME	
	Alolih Yeyers			?		
15. WAS DECEA	SED EVER IN U. S. ARMEE	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			SECORITI NO.	William W.	Kneis, Tred Avoi	n Rd. Nigdle
DISEAS RISE TO UNDERI UNDERI UT TRIBUTIN TO THE	es not mean the mode of lure, asthenia, etc. It means remained to the complication which complication which complication which complication which complication complications are constituted in the death, but disease or condition to the death of the deat	ns the diseas aused death SES F ANY, GIVIN STATING TH ST. TIONS CON NOT RELATE CAUSING I	(B)	pertensive (Emorhoge Cardio-Vagen dises	ler
19A. DATE	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		YES NO F
21A. ACCI LYING CAUSE OF	DENT WAS UNDER- OR CONTRIBUTING		ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		(If in Baltimore Cit	y, give exact location)
210. TIME OF INJURY	(Month) (Day) (Year)	(Hour)	21E, INJURY OCCURR	ED 2 IF. HOW DID	INJURY OCCUR?	
		m.	WHILE AT NOT WHILE			
22. I here	by certify that I att	ended the	deceased from QC	taker, 194	I, to October 26, 19 , from the causes and or	50, that I last saw the
	at CHarm	enn	M. D.	292/2,7	Ederal St.	23c. DATE SIGNED 10-27-50
24A. BURIAL, TION, REMOVAL	CREMA- 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	240. LOCATION (City, to	wn, or county) (State)
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	11/1900	in assist	MIZING MANAGEMENT			093d

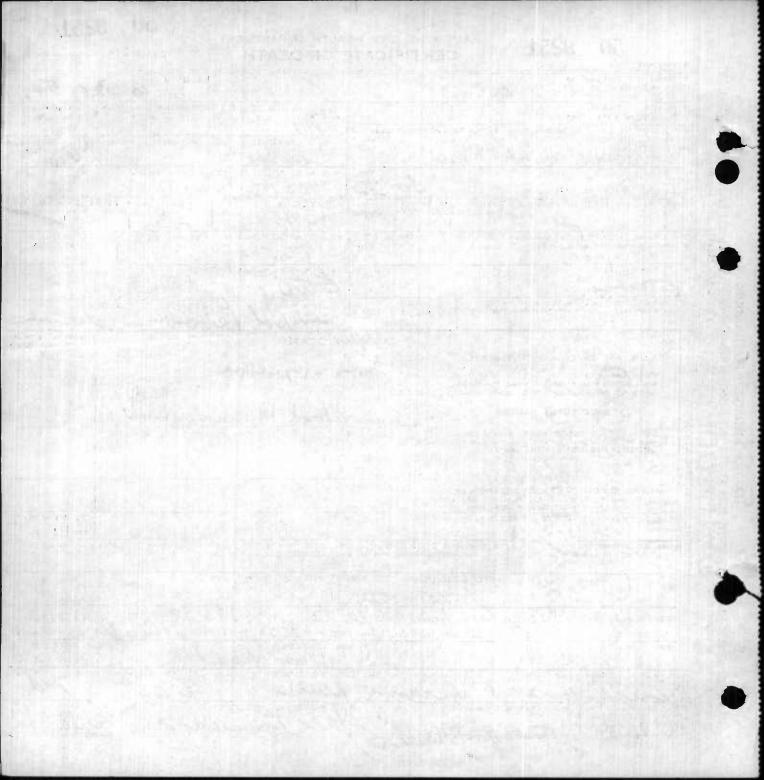


before admission) (If outside corporate limits, write RURAL and give give location) AGE (In years If Under 24 Hours irthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) , 1950, that I last saw the m, from the causes and on the date stated above. 23c. DATE SIGNED 240. LOCATION (City, town, or county) ADDRESS VS 150 (中国的社会学院)

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	50 9251	CERTIFICATI	E OF DEATH	Registered N	
=	NAME OF DECEASED			Lo DATE	
	ype or Print) SOPHIE Le	bov		OF DEATH	28-50
Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or it)		4. USUAL RESIDENCE (W	here deceased lived. If i B. COUNTY	nstitution: residence before admission
H	OSPITAL OR	location)		outside corporate limits	, write RURAL and give township
2.1	LUTHERAN Hospitals	7 /// U	D. STREET ADDRESS (If)	rural, give location)	01
C.	Length of stay in Baltimore	30	2900 Presstm		
5.	SEX 6. COLOR OF RACE 7. S	SINGLE, MARRIED, VIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 1897	9. AGE (In years last birthday) Mon	Jades I Year ths: Days Hours: Min.
	A. USUAL OCCUPATION (Givekind of stone during most of working life, even if retired) House w. fe	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	. WAS DECEASED EVER M. U. S. ARMED FOR		17. INFORMANT & D	4	DREAS
(Ye	a, no or unknown) (If yes, give war or dates of ser	SECURITY NO.	salf. Wal ha	box -	Dame
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Σ	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	m. WHILE AT NOT WHILE AT WORK		OCCUR?	
	22. I hereby certify that I attended deceased alive on 10-28, 19	ed the deceased from 10 50, and that death occur	19.50, to /	0-28 , 19 5	Pthat I last saw th
	23A. SIGNATURE C. / Le		huthum lasz	Aal	23c. DATE SIGNED 10-28-50
	N. REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SI	240 NAME OF CEMETE DEVLUG GNATURE		CATION (City, town,	ABORESS (State)
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E OF DEATH	Regist	tered No_	
	2. DATE OF DEATH	10/28/	'50
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C. CITY OR TOWN III		ate limits, w	rite RURAL and giv township
2532 2040	eural, give loca	out	Sway
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1sm	1/6-De	ulsel	M.D.
OHIE	ER ASST. ME	DICAL EXAM	NER.
ATION			20. AUTOPSY?

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

. 19_

21F. HOW DID INJURY OCCUR?

19___, to_ _, that I last saw the m., from the causes and on the date stated above. and that death occurred at

23B. ADDRESS Sinai Hospital

10/28/50

DATE RECEIVED BY

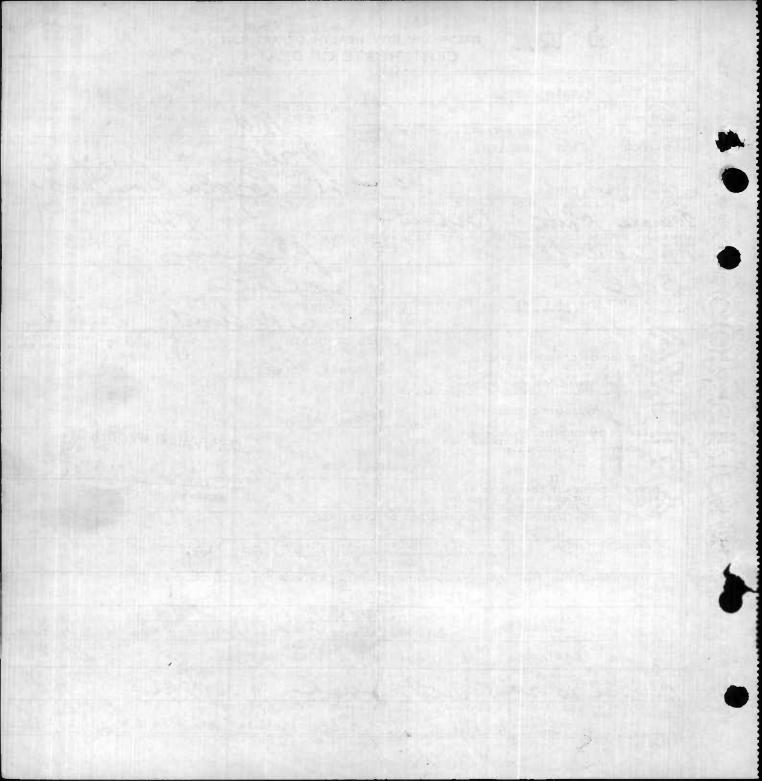
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24D. LOCATION (City town, or county)

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

ADDRESS

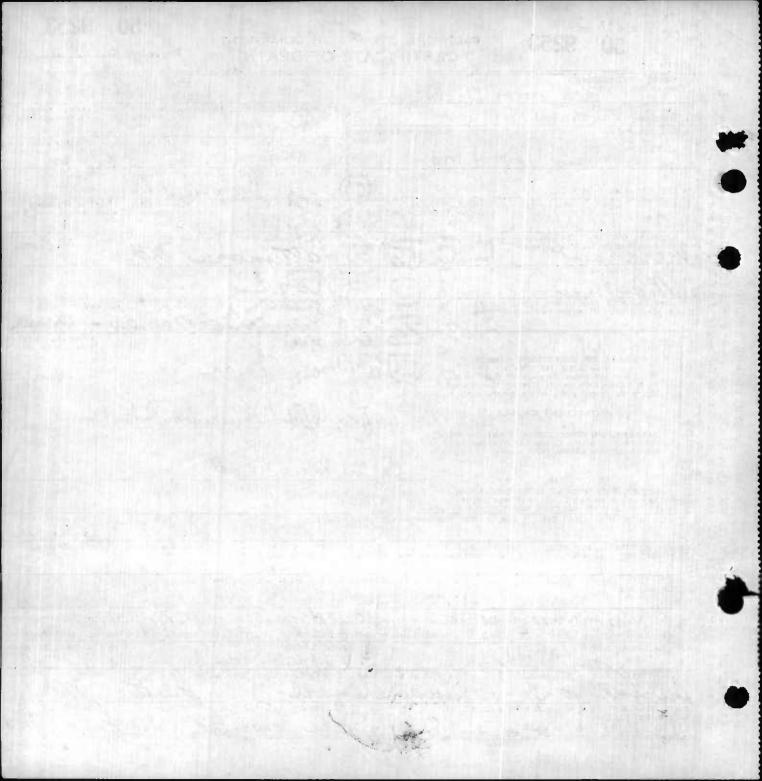


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BIRTH	NO.				

BALTIMORE CITY HEALTH DEPARTMENT

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В	CERTIFICATI	E OF DEATH Registered No			
1.	NAME OF DECEASED	2. DATE OF 10-28-50			
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)			
₿.	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR	md Baltimore			
	huther an Hosp of md	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
14	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)			
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE (In years) 1 Under 1 Year II Under 24 Hours			
	manie (Specify)	8 Oct 1898 last hirthday) Months Days Hours Min.			
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	18. 420.1 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
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	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury or complication which caused death.)				
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while at work Not while work 22. I hereby certify that I attended the deceased from 10-28, 1950 to 10-28, 8 pm, 1950 that I last saw to deceased alive on 10-28, 1950, and that death occurred at 8 pm, from the causes and on the date stated about					
2	AL BURIAL GREMA, 248. DATE 249 NAME OF CEMETE	1.4 1.000			
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3. PLACE OF DEATH B. FULL NAME OF (If not in hospital or institution, give street address or hospital or or institution) B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution) C. Length of stay in Baltimore D. STREET ADDRESS (If rure Mos. Days Th. Mos. Days T. Mos. Days T	-	50 9254 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH
3. PLACE OF DEATH A. Baltimore City, Maryland Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION INSTITUTION INSTITUTION C. Length of stay in Baltimore 5. SEX 6. COLOR OR RACE WIDOWED. DIVORCED (Specify) 10. USUAL OCCUPATION (Give kinded) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stay or foreign in NUSSTRY) 12. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECASED EVER IN U. S. ARMED FORCES; (Yee, no or usknown) 16. E 90 3,0 DISEASE OR CONDITION DIATH (This does not mean the mode of dying, c. s., heart failure, asthen, etc. it means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IP ANY, GIVING PISE TO THE ASOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 10. TO THE DISEASE OR CONDITION SUITIONS CONTRIBUTION TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 11. ACCIDENT SUICIDE. 19. ADATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21. THE DISEASE OR CONDITION CAUSING IT. 21. ACCIDENT SUICIDE. 19. ADATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21. THE DISEASE OR CONDITION CAUSING IT. 22. I horeby certify that I attended the deceased from JULIAY OF INJURY	1.	NAME OF DECEASED 2. D. me Will 2. D.
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C. Length of stay in Baltimore 5. SEX 6. COLOR OR RAGE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 10. USUAL OCCUPATION (Give kind of polyment of working life, even fredired) 10. USUAL OCCUPATION (Give kind of polyment) 11. BIRTHPLACE (Stayle or foreign only defendance) 12. FATHER'S NAME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARRED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFQRMART (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 210. THE DISEASE OR CONDITION STATING THE OUT TRIBUTING TO THE DEATH, BUT NOT RELAYED 194. DATE OF OPERATION 195. MAJOR FINDINGS OF OPERATION 196. MAJOR FINDINGS OF OPERATION 210. THE DISEASE OR CONDITION CAUSING IT. 211. ACCIDENT, SUICIDE. 212. ACCIDENT, SUICIDE. 213. PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in plywithong, farm, f	HC	SPITAL OR location) C CITY OR TOWN (If outside
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Durine 10/30 50 Langon Oark Fresh		John a Schenich M.D. 1337 S. Charles
CATE DECENIES BY A DECEMBER DIS CONTROL OF STREET	710	N. REMOVAL (Specify)
LOCAL REGISTRAR OCT 2010ED REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR OCT 2010ED A STATEMENT SERVICES A		

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before admission) porate limits, write RURAL and rive

ocktion)

n years thday) H Under 1 Year Months Days Hours Min.

12. CITIZEN OF WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN ONSET AND DEATH

20. AUTOPSY?

H Under 24 Hours

F OR ASST. ME WAL EXAMINER.

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YES nore City, give exact location)

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1950 that I last saw the and on the date stated above.

23c. DATE SIGNED

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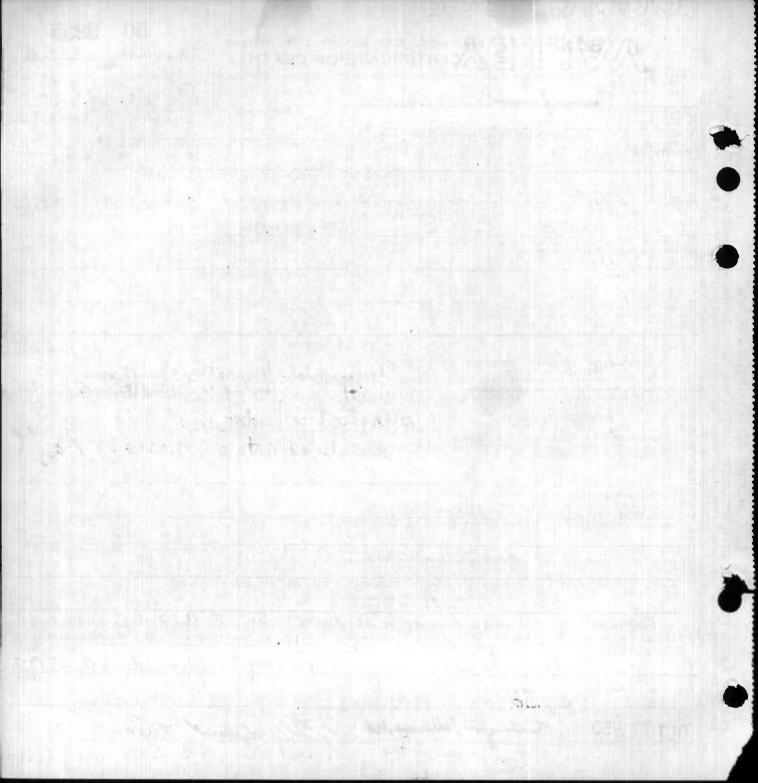
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В	Z -565 50 9255	BAI	TIMORE CITY HE	EALTH DEPARTMENT E OF DEATH	50 Registered N	9255
	NAME OF DECEASED				2. DATE	
	Type or Print) MARY	ELLEN	ZIMMERMAN		DEATH OCT.	26.1950
Α.	Baltimore City, Maryland			4. USUAL RESIDENCE (WA. STATE MARYLAND	here deceased lived. If i	nstitution : residence before admission)
H	OSPITAL OR	ital or institut	ion, give street address or location)		outside corporate limits	write RURAL and give
11	STITUTION 22 WHEELER	AVI.		BALTIMORE GTO	PY 2-0	township)
			Yrs.	o. STREET ADDRESS (If	rural, give location)	
c.	Length of stay in Baltimore		Mos. Days	22 WHIELER A	VE.	
5.	SEX 6. COLOR OR RACI		E. MARRIED, /ED, DIVORCED (Specify)	8. DATE OF BIRTH		inder 1 Year II Under 24 Hours tha; Days Hours! Min.
_	FEMALE WHITE	WID	OWED	APR. 9th. 1853	97	
10	DA. USUAL OCCUPATION (Give kind k done during most of working life, even if retire	10B. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT	HOME	FREDERICK CO.	MARYLAND	USA
	B. FATHER'S NAME			14. MOTHER'S MAIDEN NA	AME	
-	WILLIAM CLAY			CAROLINE KIE	FER	
(Ye	5. WAS DECEASED EVER IN U.S. ARM 18, no or unknown) (If yes, give war or da	tes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		DRESS
_	NO 1 ***	71	NO.		MERMAN	INTERVAL BETWEEN
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Ш	OTHER SIGNIFICANT CONTRIBUTING TO THE DEATH, BU	T NOT RELAT	ŁO			
U	19A. DATE OF OPERATION		FINDINGS OF OPER	ATION		20. AUTOPSY?
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EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,		f in Baltimore City, gi	ve exact location)
Σ	210. TIME (Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	m.	WHILE AT NOT WHILE			
	22. I hereby certify that I a				9 ct 26 19 50	that I last saw the
	deceased alive on Oct 2			red at Q:P m., from ti		
	23A. SIGNARURE	ichel		3B. ADDRESS	r Grand St	23c. DATE SIGNED
24	24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (Slate)					
111	DITTOTAL	0.1950	LOUDON PAR	BA CEM. BA	LTIMORE MAR	RYLAND
D		Thu for	IRE,	25. FUNERAL DIRECTOR	et ton	og3d

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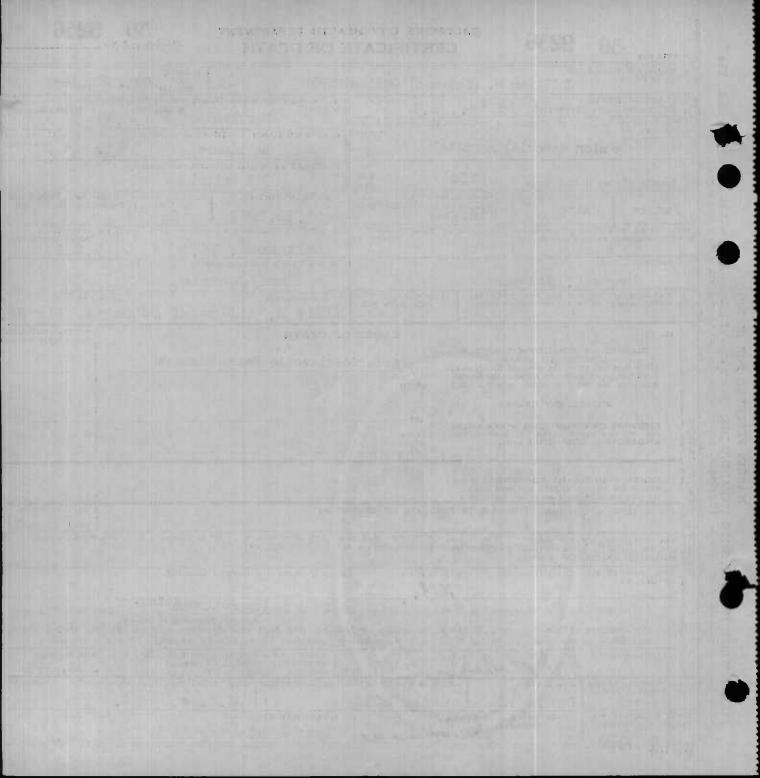
F.B.WIPPERT & SON 1300 EUTAW PL.17



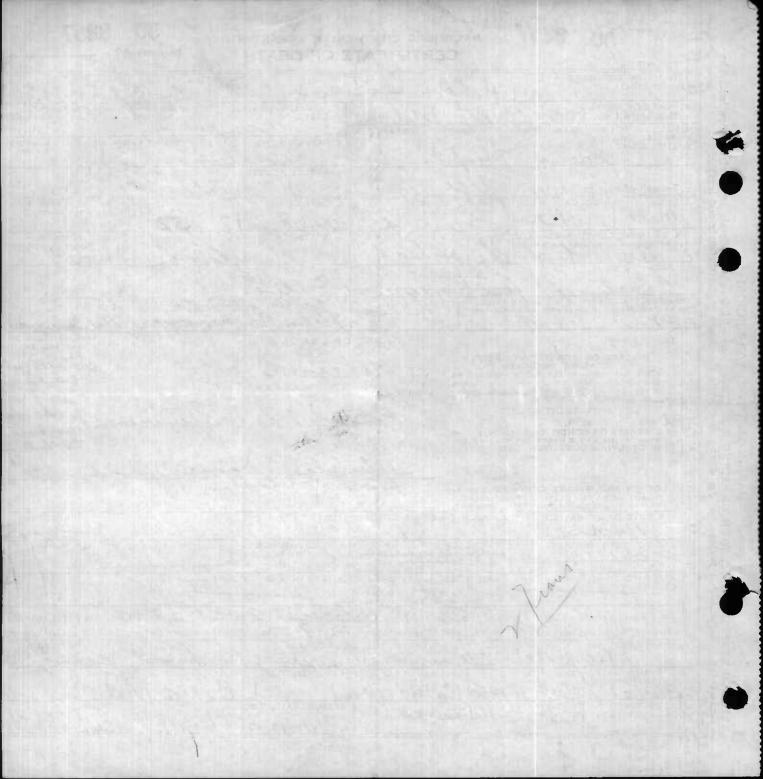
before admission)

Township)

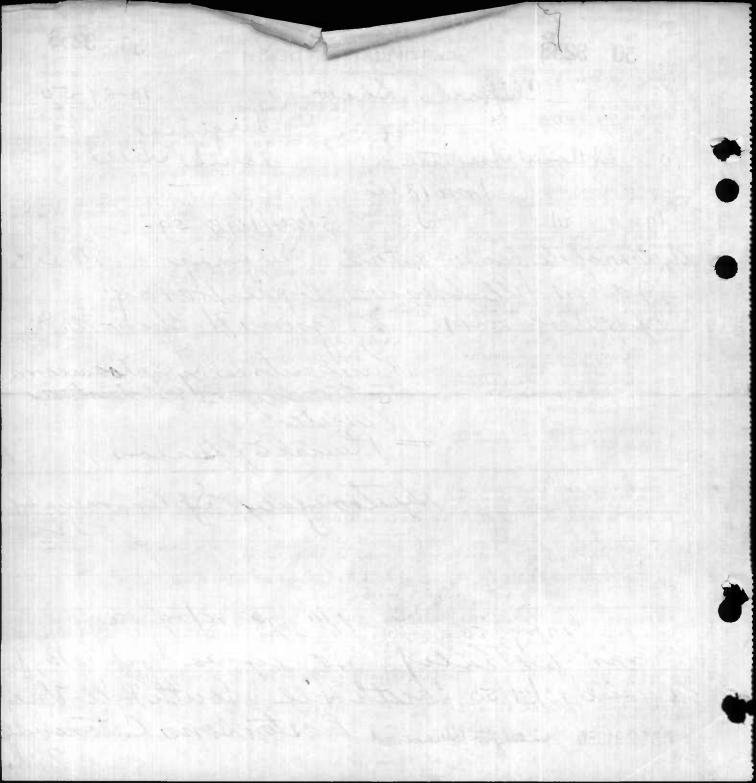
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CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) SCHME+REP-ILLIAM DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN Alf outside corporate limits, write RURAL and give INSTITUTION legibly Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days should be 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | Number | Year | Number 24 Hours | last birthday) | Months; Days | Hours | Min. WIDOWED, DIVORCED (Specify) male narred 10A. USUAL OCCUPATION (Givekind of 10 Bt KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF nrk done during most of warking life, even if retired) INDUSTRY WHAT COUNTRY 13. FATHER'S NAME death 14. MOTHER'S Aschemeier informa BINDING pur 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn or unknown) (If yes, give war or dates of service) Jo 16. SOCIAL 17. JAYFORMANT Aschemeier . ADDRESS (Yes, nn or unknown) SECURITY NO wnh causes of INTERVAL BETWEEN 442X CAUSE OF DEATH FOR ONSET AND DEATH very the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., RESERVED heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING d RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p to Akator UNDERLYING CONDITION LAST. ERTI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY important. 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or 2 Ic. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office hldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? TE especially OF INJURY NOT WHILE WHILE AT 22. I hereby certify that I attended the deceased from actober 5,59 50, to Bet 28, 19 Shat I last saw the deceased alive on 2 28, 1950, and that death occurred at 9:50m., from the causes and on the date stated above. 23A, SIGNATURE WRI e is 23B, ADDRESS 23c. DATE STONED exect, 24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, of county) Duria. DATE RECEIVED BY REGISTRARIS 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR



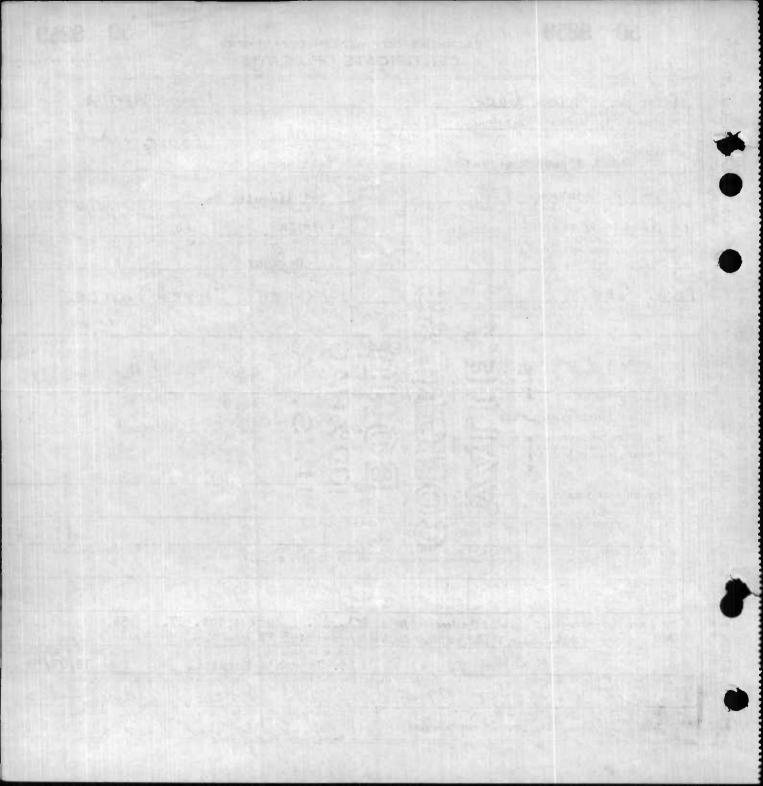
		BALTIMORE CITY HEALTH DEPARTMENT 50 9258
		50 9258 CERTIFICATE OF DEATH Registered No.
		IRTH NO.
	1. (T	NAME OF DECEASED (Spe or Print) 2. DATE. OF DEATH 10-29-50
	3.	PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence)
		Baltimore City, Maryland B. COUNTY before admission)
		FULL NAME OF (If not in hospital or institution, give street address or
		OSPITAL OR location) C. CITY OR TOWN of outside corporate limits, write RURAL and give
,		A Stagner Hospital Knuth Will township)
101	10	Yrs. D. STREET ADDRESS (If rural, give location)
CE	C.	Length of stay in Baltimore 18 da Mos.
3		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hours
3		WIDOWED DIVORCED (Specify) Widowed Control of the
2	-	11. W. 3/24/8925859-
a.	work	DA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY?
212	1	MITAM PLUE AR WOLLD ROLL ROLL ROLL ROLL ROLL ROLL ROLL
=	13	FATHER'S NAME
a		0 21 1911 10 10 10 21 11
5	16	John Hill Man The Hotal
5	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS a, no ptunknown) (If yes, give war gradate) of service) SECURITY NO.
20		Mes 91) artid know and Calm A. Shaw M. A.
ana l		18. 1 A A A I INTERVAL BETWEEN
3		DISEASE OR CONDITION DIRECTLY
1		LEADING TO DEATH
ų l		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,
3		injury or complication which caused death.) DUE TO The last the la
\$		ANTECEDENT CAUSES
201	Z	(B) Meld
T C	0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE
-	ATI	UNDERLYING CONDITION LAST.
2	0	(C)
Z I	RTIFIC	
12		OTHER SIGNIFICANT CONDITIONS CON.
	O H	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION
3	¥	VEST NO T
3	DIC	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in or 21C. WHERE DID (If in Baltimore City, give exact location)
	닙	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?
	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
		OF INJURY
		m. WHILE AT NOT WHILE AT WORK
		22. I hereby certify that I attended the deceased from 9/11, 1900, to 10/29, 1950, that I last saw the
2		deceased alive on 10/79, 1950 and that death occurred at 4 74m., from the causes and on the date stated above.
0		28A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED
4		toha tokis in alling A-A interest
9	24	M. D. M. D. 24B. DATE 24C. NAME OF CEMETERY OF SEMATOR 24D. LOCATION (City fown, or county) (State)
2	TIE	ON, REMOVAL (Specify)
3	1	sureal 10/31/30 spring All South Hill 1/a.
1		ATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR ADDRESS
1		6 Aston April atom
		1 1 2 9 1950 Australia Marie M

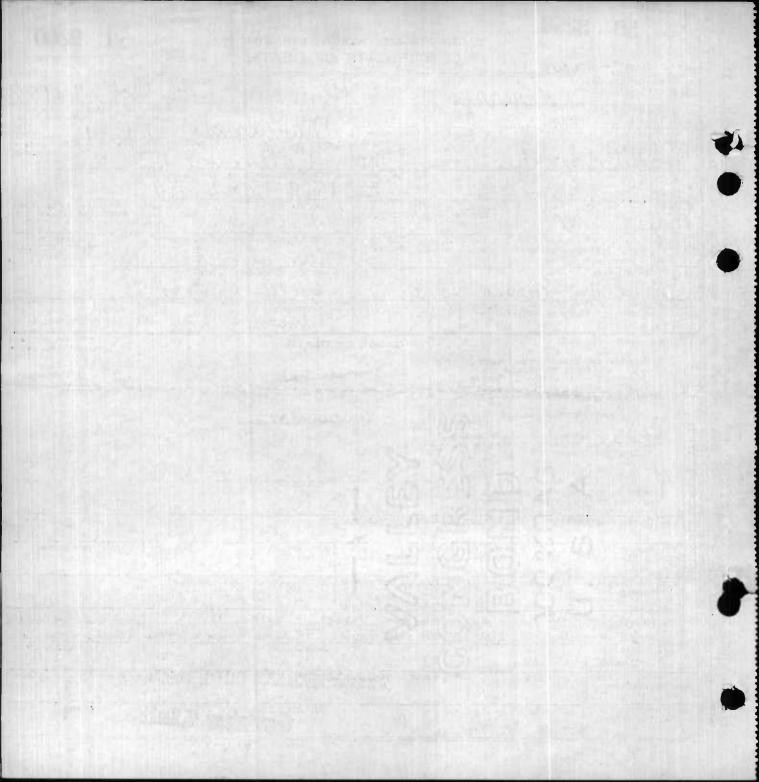


BALTIMORE CITY HEALTH DEPARTMENT

VS 150

В	IRTH NO.			CERTIFICAT	E OF DEATH	Registered 1	No.
1.	NAME OF D	ECEASED	. ,			2. DATE	
(1	(Type or Print) Sister Mary Juliana Goche					DEATH 10/2	7/50
3.	S. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Maryland				4. USUAL RESIDENCE A. STATE	(Where deceased lived, If B. COUNTY	institution : residence
B.	FULL NAME OSPITAL OR ISTITUTION	OF (If not in hospit	al or institut	ion, give street address or location)		(If outside corporate limit	ts, write RURAL and giv
I II	Sa	int Joseph Ho	spital		Baltimore		township
			,	Yrs.	D. STREET ADDRESS	(If rural, give location)	
c.	Length of s	stay in Baltimore		Mos. Days	901 Aisouith	C+	
5.	SEX	6. COLOR OR RACE		MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) Mo	Munder Year H Under 24 Hours
-	emale	white	sing.		12/8/65	84	20013
WOT	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	IOB. KIND	OF BUSINESS OR	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Houses	vois (6007	went.	Germany		WITAT COOKINT
13	FATHER'S	NAME	1		14. MOTHER'S MAIDEN	NAME	
1	RANZ L	0640			Juliana.	Engellin	1200
15 (Va	MAS DECEAS	ED EVER IN U. S. ARMEI	FORCES?	16. SOCIAL	17. INFORMANT) A	DDRESS
1	s, no or numbers,	(11 Jost Baro not or date	= 01 ses vice)	SECURITY NO.	S1. 711	Mu Ko	Ru.
	18. 57/	1.5	114625	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION	DIRECTIV	7 7	1 / 1	1 1.	ONSET AND DEATH
		LEADING TO DEA	TH	- Andia	samal ob	Abundion	
	heart failt	ure, asthenia, etc. It mes	ns the diseas	e.			
	mjary or			a) Due 10	1	1	1
7	1300 11	ANTECEDENT CAUS	SES	- Jan	se un god	erminos	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO							
AT		THE ABOVE CAUSE (A) YING CONDITION L		HE DUE TO			
RTIFICA							
Ë	111111111111111111111111111111111111111	11					
田田		SIGNIFICANT COND. G TO THE DEATH, BUT					
U	TO THE D	DISEASE OR CONDITION	CAUSING I		ATION		20. AUTOPSY?
7	ISA. DATE	DF OFERATION O	9B. MAJOR	FINDINGS OF OPER	KATION		YES NO T
CAL	21A. ACCIDI	ENT, SUICIDE,	218. PLA	CE OF INJURY (e. g.,	o or 21c. WHERE DID	(If in Baltimore City,	1.00
EDI	HOMICIDE	(Specify)		arm, factory, street, office bldg.,			
Σ	21n TIME	(Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	URY OCCUR?	
	OF INJURY	()		WHILE AT NOT WHILE			
			m.	WORK AT WORK	1 26 50		
deceased alive on oct. 27. 1950, and that death occurred at 4:45 PM, from the causes and on the date stated at							
			19.50			n the causes and on t	
	23A. SIGNA	TURE	42	10 1000	38. ADDRESS	mital	23c. DATE SIGNED
2	4A. BURIAL,	CREMA- 24B. DATE	1.0	24C, NAME OF CEMETE	St. Joseph's Hos	LOCATION (City, Jown	or county) (State)
	ON REMOVAL		etro!	MITOL	Po Disti - K	10011. 191	100
1	ATE RECEIVE	D BY REGISTRAR	TLANDIE à	TRE TO THE	25. FUNERAL DIRECTO	OR OR	ADDRESS
	OCAL REGIST		- ALLINA	and Man C	10 1 1 1 1 1 1 1	1 1 2 7	





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MARYLAND STATE DEPARTMENT OF HEALTH

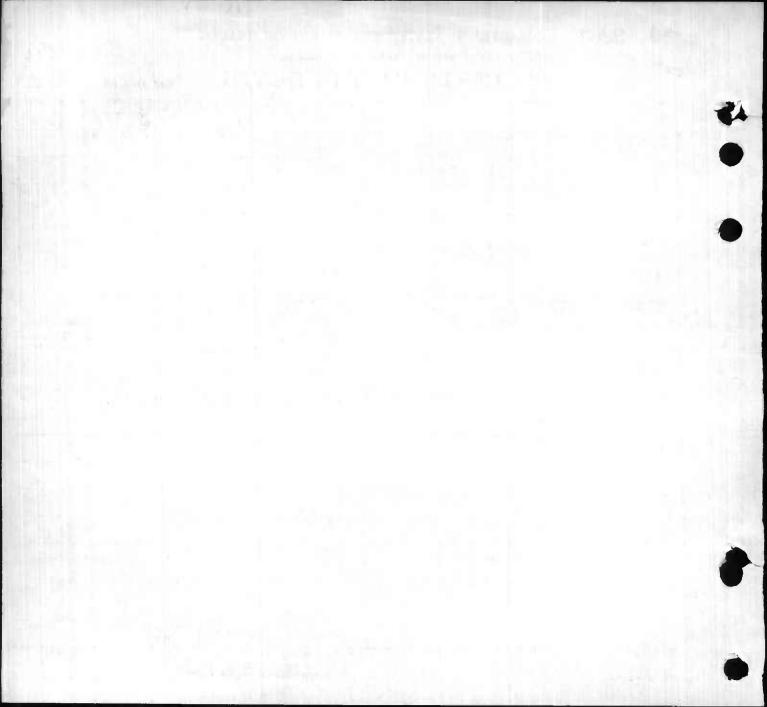
2411 N. Charles Street, Baltimore

50 9261

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH- COUNTY B. Stumon MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pares town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dathmore
HOSPITAL OR INSTITUTION OR HOOD Convolement Home	ADDRESS / 28 S. H (Il rural, give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print) Sarah	(Last) 4. DATE (Month) (Day) (Year) US 9 TO VE DEATH Sept. 27 1950
6. COLOR OR RACE (SINGLE) MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under I year If under 24 hrs. Wonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ?
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Sylvia Mack 128 S. Hilton St.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Congestive hear	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)	rtirosclerosis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrate	in sever
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	Yes □ No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 16	7 00
Herfat A. Levikas, M.D. 5.	ADDRESS Dave Syst 28, 1950
REMOVAL (Specify)	THE CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Commissioner of Harlin
acon years to "L	0934



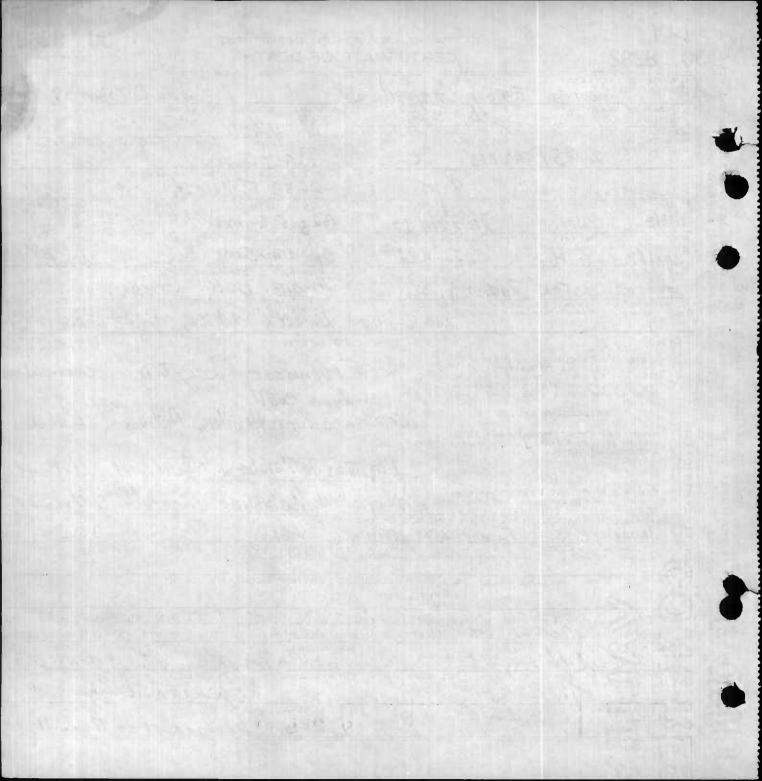
2	17-40
rhe	Q _{IRTH} 9262
ied. 7	1. NAME OF DE (Type or Print) (
lddn	A. Baltimore Ci
sfulk,	INSTITUTION
e car	c. Length of st
ould b	MALE
clear	10A. USUAL OCC work done during most of Chauffeur 13. FATHER'S NA
rmati	George
of of	(Yes, no or unknown)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9262

0550

	MIM 160.	
	NAME OF DECEASED Spe or Print) George ESTON BAOWELL.	r. 2. DATE OF OCTOBER 28,1950
	PLACE OF DEATH: Baltimore City, Maryland Balto, City	4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission)
	FULL NAME OF (If not in hospital or institution, give treet address or location)	
	2643 FRANCIS St.	c. CITY OR JOWN (If outside corporate limits) write RIMAD and give township)
	Yrs.	D. STREET ADDRESS (If rural, give location)
	Length of stay in Baltimore 8 UN. Mos. Days	2643 FRANCIS St.
5.	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years if Under I Year if Under 24 Hours last birthday) Months; Days Hours Min.
10	MAIL COLORED MARTIE D A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
Wor	done during most of working life, even if retired) . INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	AAU++eu - Dutley) wale	14. MOTHER'S MAIDEN NAME
	George ESTON BAGWell, SI.	ANNIE Bell GRANT
Ye (Ye	WAS DECRASED EVER IN U. S. ARMED FORCES? 16. SOCIAL n, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	No. 249-16-1199	Loretta Unite, 2643 FRANCIS St.
	18. /60 X I CAUSE	OF DEATH INTERVAL BETWEEN DNSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Pulmonary Congestion Several Days
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
		AMOUS Cell) with
Z	ANTECEDENT CAUSES	oma Left Maxillary Hatrum & Unknown
TIC	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABDVE CAUSE (A) STATING THE DUE TO	
CA	UNDERLYING CONDITION LAST.	ases To Cerebrum; 7th Cervieal Unknown
F		ases to cerebram; / - cerpient anapur
CER	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	and Mediastinum Hospital Unknown
L	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
CA	JANUARY 4,1950 TUMOY LEFT MAXILLA	in 21c, WHERE DID (If in Baltimore City, give exact location)
1EDI	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about bome, farm, factory, street, office bldg.,	in 21c. WHERE DID (If in Baltimore City, give exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY	
	m. WHILE AT NOT WHILE m. WORK AT WORK	
	22. I hereby certify that I attended the deceased from OC	7. 23, , 1950 oct. 28, 1950 that I last saw the
	deceased alive on Oct. 28, 1950, and that death occu	rred at 10120 At m., from the causes and on the date stated above.
	Richard H. Hart M.D.	1631W. Franklin St. 10-28-50
2.4 TI	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OR CREMATORY 2407 LOCATION (City, town, or county) (State)
1	muse 11-1-1950	spartanting S. C.
L'A	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. TUNERAL DIRECTOR, AMORESS
1	Vs 150	and harass 1000 mining of

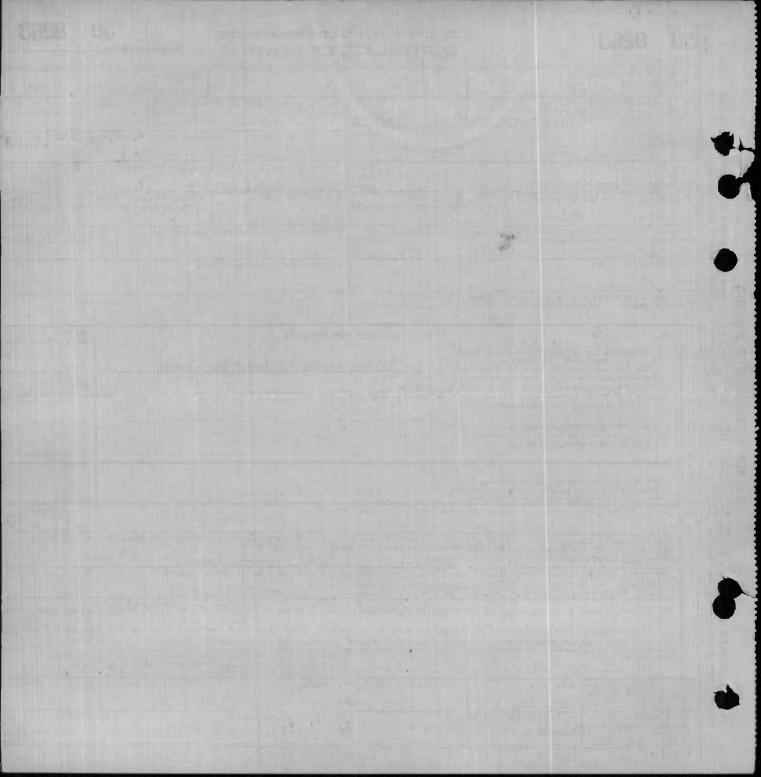


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BALTIMORE CITY HEALTH DEPARTMENT

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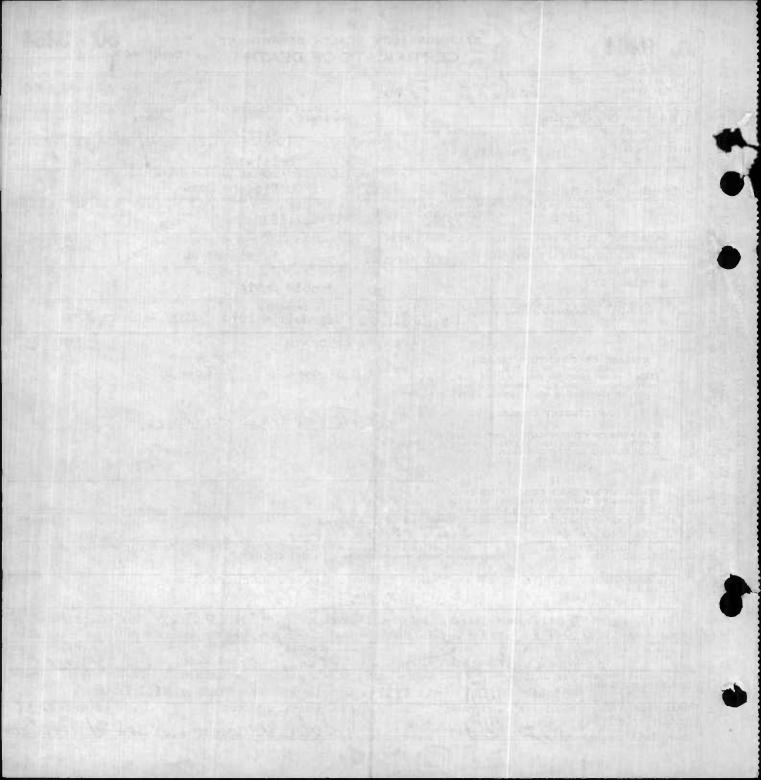
	NAME OF DECEA	Ro	GERT	FORd		2. DATE OF DEATH	Octobe	r 29,1950
	PLACE OF DEATH Baltimore City,				4. USUAL RESIDENCE (V		lived. If insti	tution : residence before admission
B. H	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION Sinai Hospital			Maryland c. CITY OR TOWN (If		4 32	ite PURA) and giv	
1				Baltimore			91	
	Length of stay in Baltimore Yrs. Length of stay in Baltimore			3208 Vickers Road				
		Nhite	7. SINGLE. WIDOWEI Marr	D. DIVORCED (Specify)	8. DATE OF BIRTH May 17,1892	58	day) Months	1 Year N Under 24 Hours Min
10 vorh	A. USUAL OCCUPA done during most of working akup Editor	TION (Give kind of neglife, even if retired) Sun Paper	C	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f. Baltimor		12.	CITIZEN OF WHAT COUNTRY
	Harris For				14. MOTHER'S MAIDEN NAME Jennie Davis			
15 (Yes	. WAS DECEASED EVE	ER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO. 213-03-2675	17. INFORMANT Mrs Mollie Ford	3208 V	ickers	Ess Road
7	(This does not a heart failure, ast injury or comp	R CONDITION DING TO DEA' mean the mode of thenia, etc. It mea lication which of	TH of dying, e.g., ons the disease, eaused death.)	DUE TO acu	inoma of Co Te cardiae of	lan ?	111	ONSET AND DEAT
CATIO	RISE TO THE AL	CONDITIONS, 19 BOVE CAUSE (A) CONDITION LA	STATING THE	DUE TO	a cuarac g	م حدمی		
CERTIFICATION	RISE TO THE AS UNDERLYING OTHER SIGNITIONS TO TRIBUTING TO	OVE CAUSE (A) CONDITION LA II FICANT CONDITION THE DEATH, BUT E OR CONDITION	STATING THE ST. TIONS CON- NOT RELATED CAUSING IT.	(C)	V	<i>4 0-20</i> 13		
L CER	OTHER SIGNI TRIBUTING TO TO THE DISEAS	OVE CAUSE (A) CONDITION LA II FICANT CONDITION THE DEATH, BUT E OR CONDITION	STATING THE ST. TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR F	(C)	RATION	Q CANO		20. AUTOPSY?
ER	OTHER SIGNII TRIBUTING TO THE DISEAS 19A. DATE OF OP 21A. ACCIDENT. 5	FICANT CONDITION LA	STATING THE ST. TIONS CON-NOT RELATED CAUSING IT. 9B. MAJOR F 2 C	(C)	RATION C/C647 mot 21c, WHERE DID (
DICAL CER	OTHER SIGNII TRIBUTING TO THE DISEAS 19A. DATE OF OP 21A. ACCIDENT. 5	II FICANT CONDITION THE DEATH, BUT E OR CONDITION FRATION SUICIDE, ecify)	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR F 21B. PC about bome, farm (Hour) 21 WH	(C) INDINGS OF OPER LA OB AL E OF INJURY (e. g., i n, factory, street, office bldg., E. INJURY OCCURR	RATION C/C647 In or 21c, WHERE DID (etc.) INJURY OCCUR? ED 21f, HOW DID INJUR	lf in Baltimore		YES NO
DICAL CER	OTHER SIGNI TRIBUTING TO TO THE DISEAS 19A. DATE OF OP 21A. ACCIDENT. S HOMICIDE (Sp	FICANT CONDITION LA FICANT CONDITION LA FICANT CONDITION LA FIRM C	TIONS CON- NOT RELATED CAUSING IT. 9B. MAJOR F 2.1 21B. PLAC about bome, farm (Hour) 21 WH m. WH	(C) (C) (C) (C) (C) (C) (C) (C)	EATION C/C54, In or 21c. WHERE DID (1NJURY OCCUR? ED 21f. HOW DID INJUR	If in Baltimore	e City, give	YES NO Exact location) act I last saw the
DICAL CER	OTHER SIGNI TRIBUTING TO TO THE DISEAS 19A. DATE OF OP 21A. ACCIDENT. S HOMICIDE (Sp	II FICANT CONDITION LA FICANT CONDITION	TIONS CONNOT RELATED CAUSING IT. 9B. MAJOR F 21B. PLAC about bome, farm (Hour) 21 m. whended the dec., 1950, and	(C) INDINGS OF OPER LA Ob. A. LA OF HAL LA Fectory, street, office bldg., E. INJURY OCCURR ILE AT NOT WHILE ORK AT WORK Coccased from Occur d that death occur	ED 21F. HOW DID INJURY C. T. ? 1950, to rred at 1250 p.m., from to 23B. ADDRESS Chair Hosp	If in Baltimore	e City, give , 19 Soth d on the d 2:	exact location) and I last saw the ate stated above 3c. DATE SIGNED

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AB-142747	
BALTIMORE CITY HE	EALTH DEPARTMENT / 50 9265
50 SERTIFICATI	
1. NAME OF DECEASED (Type or Print) Margaret Ann Inman (Imma	2. DATE OF DEATH 10-28-50
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY Baltimore
HOSPITAL OR Baltimore City Hospitals location) 4940 Eastern Ave.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Rural) Middle River
C. Length of stay in Baltimore Life Mos. Days	D. STREET ADDRESS (If rural, give location) 3 Middle River Ct.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under I Year II Under 24 Hours
Female White Single Specify)	Jan. 12-1950 last birthday) Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Inman(Imman)	Dorothy Kerns
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT Baltimore City Hosphals Records: 4940 Eastern Ave.
18. 080.0 CAUSE	OF DEATH INTERVAL BETWEEN DISET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	alitis Acute Paralytic Spinal 10 Days
injury or complication which caused death.) DUE TO	bulbar
ANTECEDENT CAUSES Z (B)	1889
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
UNDERLYING CONDITION LAST. (C)	
F II	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER U 21a. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bldg., e.g., in about home, farm, fact	ATION 20. AUTOPSY? YES NO NO
W CALISE OF DEATH	n or 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
2 1D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
m. WHILE AT HOT WHILE	
22. I hereby certify that I attended the deceased from 10-	22- , 1950, to 10-28- , 150, that I last saw the
deceased alive on 10-20, 1920, and that death occur	red at 1.30 Pm., from the causes and on the date stated above.
M. D. 1	38. ADDRESS 4940 Eastern Ave. 23d. DATE SIGNED 10-28-50
24A. BURIAL, CREMA- 24B. DATE TION REMOVAL (Specify) 8(emoval- 008.30.50 Carliele Pa	e. Oima.
DATE RECEIVED BY REGISTRAR'S SIGNATURE OCT 3 0 1950	Winz Cook Inc. 1217 It Tail of
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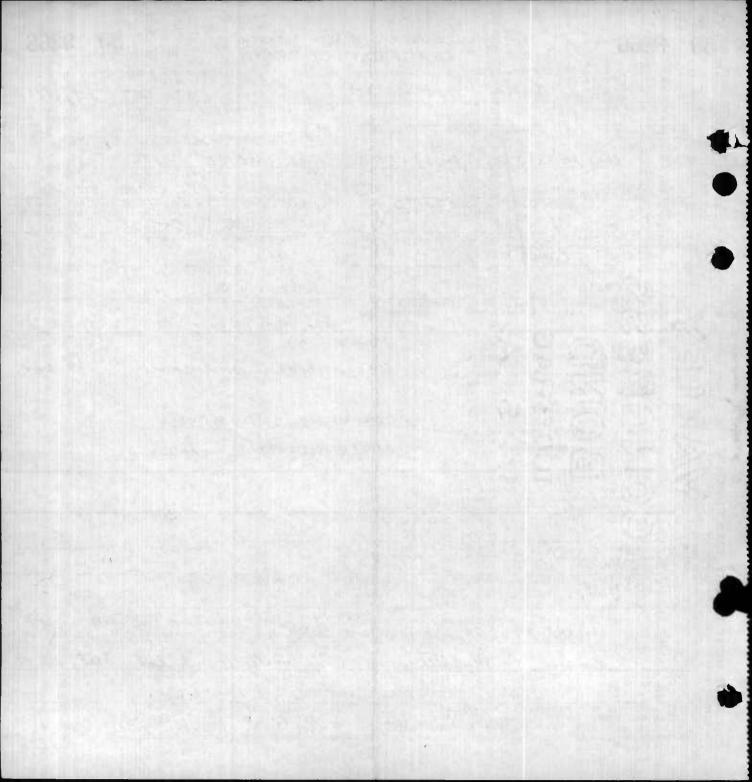
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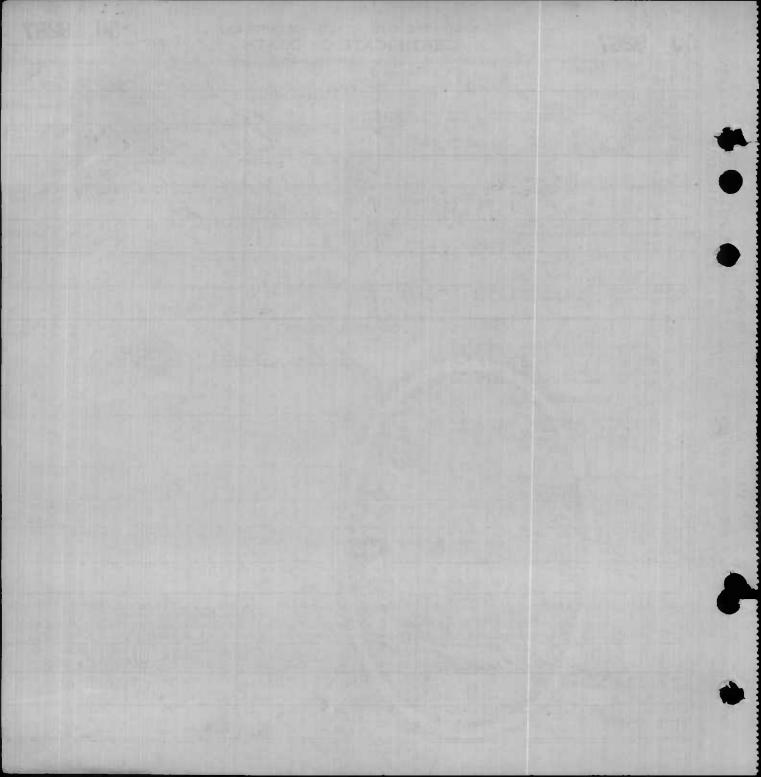
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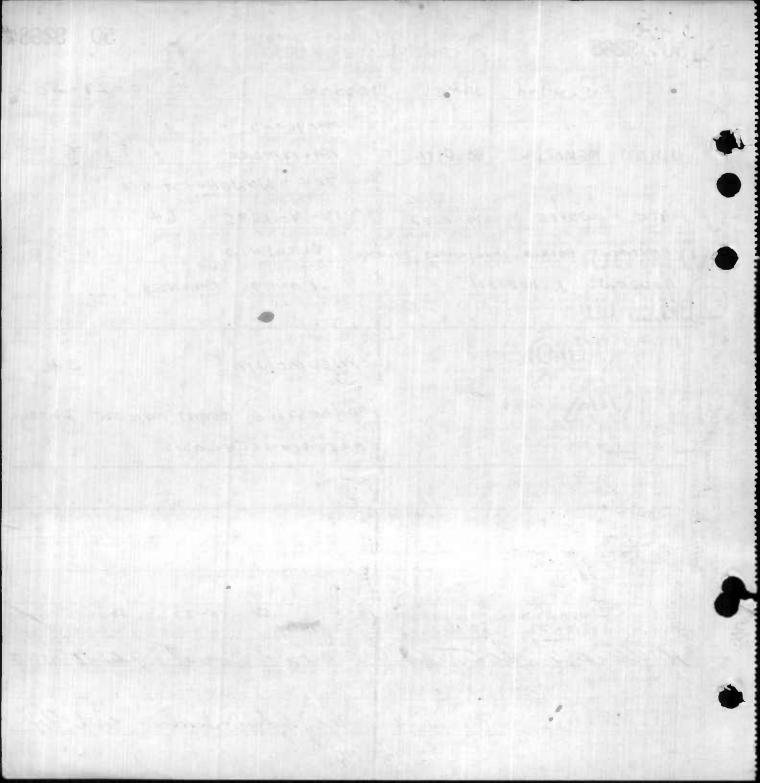
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

1. NAME OF DECEASED 2. DATE JOHN Hooper SMITH (Type or Print) DEATH O(7 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give c. CITY OR TOWN INSTITUTION UNIVERSIT HOSPITAL BALTIMORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. Lombardy Apts. 40th & Stoney Run Lane c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 8. DATE OF BIRTH 9. AGE (in years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) June 20, 1895 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? self Electrical Engineer CONST 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harry Smith Mary J. Dick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Ethel Smith - 40th & Stoney Run Lane 18. CAUSE OF DEATH 4201 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH W. MYOCARDIAL INFARCHON (This does not mean the mode of dying, e.g., heart failure, asthenia, ctc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) CORONARY THRUMBOSIS DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROTIC UNFADING Physicians: CARO. V.D. RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 218. PLACE OF INJURY (e. g., in or) 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 6 7 14 22. I hereby certify that I attended the deceased from Oct 14, 1950, to Oct 29, 1950, that I last saw the deceased alive on Oct 29, 1950, and that death occurred at S: 5 Am., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED mierrites 24a. BURIAL, CREMA-TION REMOVAL (Specify) Cremation 10/30 24c. NAME OF CEMETERY OR CREMATORY 24b. LOCATION 10/30/50 Greenmount Crematory Balto., Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECT ADDRESS



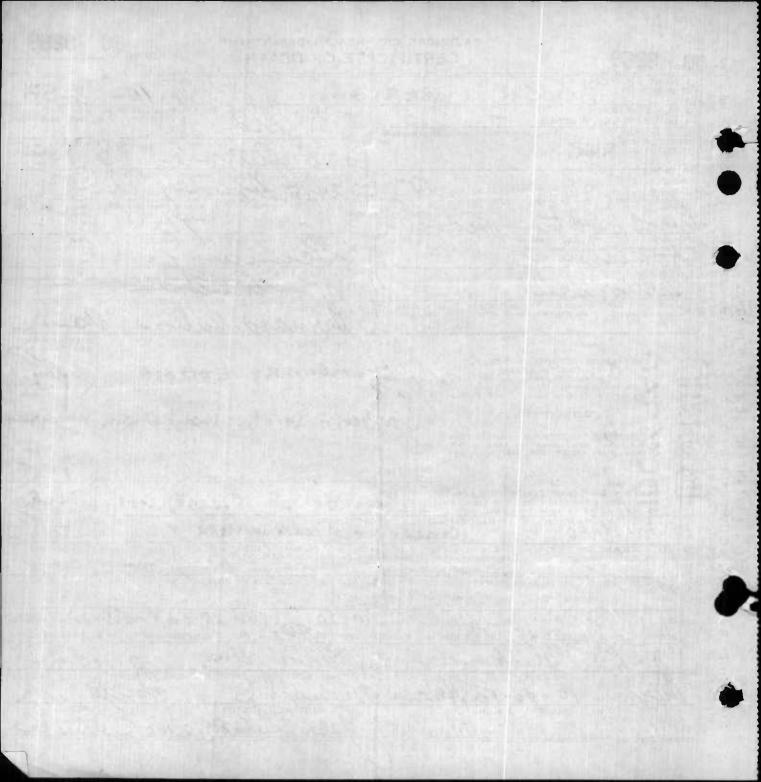
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	1. NAME OF DECEASED (Type or Print)	Allis No.	sed word	2. DATE OF DEATH /U	127	150
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived in B. COUNTY		: residence fore admission
	B. FULL NAME OF ('f not in hospital or HOSPITAL OR INSTITUTION	location)	c. CITY OR TOWN (If	outside corporate lim	is Vrite IV	and giv
	c. Length of stay in Baltimore	Yrs. Mos, Days	D. STREET ADDRESS (If	rural, give location)	51	
3	5. SEX 6. COLOR OR RACE 7.	SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 22. 1870	9. AGE (In years last birthday)	f Under 1 Year Ionths Days	Hours Min
7	work doos during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY DOD Canning	11. BIRTHPLACE (State or for Balto. I'd.	preign country)	USA	ZEN OF
	13. FATHER'S NAME Lavid A. Woodward		Josephine Laty	AME		
	15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 19 L. 3	lst. St
	DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or complication which cause ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OBATH, BUT NOT	ing, e. g., the disease, d death.) OUE TO (a) Y. GIVING TING THE OUE TO NS CON- RELATED	4- franse (e-f.:	. C.U.A.	2000	
	TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOF					AUTOPSY?
	21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	18. PLACE OF INJURY (e.g., in at home, farm, factory, street, office bldg., et		f in Baltimore City,	give exact	location)
	2 210. TIME (Month) (Day) (Year) (Hou OF INJURY	11) 21E. INJURY OCCURRE WHILE AT NOT WHILE TI. WORK AT WORK	21F. HOW DID INJURY	OCCUR?		
	22. I certify that I took charge of the remains described above, held an hutopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes a accident said eccased, homicide undetermined.					
-	23A. SIGNATURE		238. CHIEF MEDICAL E ASSISTANT MEDICAL E D. MEDICAL INVESTIGAT	EXAMINER	10/3	2/50
	Rurial 10/30/50	Loudon Ik Cem		to. Id.	///	
	DATE RECEIVED BY REGISTRAR'S SI	GNATURE	Vm. J. Tukner .	Sone Inc 12	nth (Pa 1
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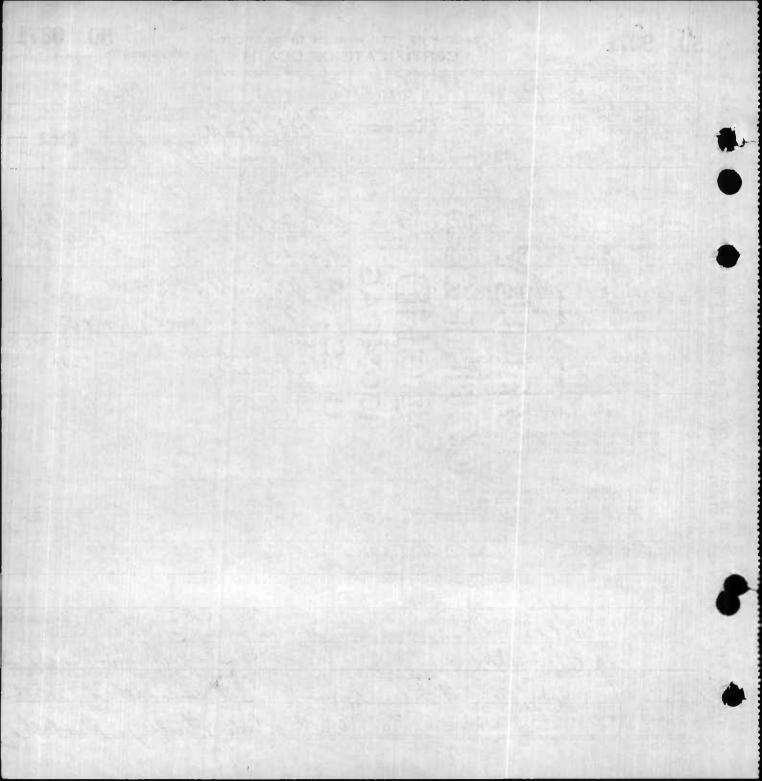
	0 9269	BALTIMORE CITY HE CERTIFICATI	E OF DEATH	Registered No.	9269
4	1. NAME OF DECEASED (Type or Print)	BERTH		2. DATE OF 10-	78-55
	3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (W	here deceased lived. If in	nstitution; residence before admission)
	B. FULL NAME OF (If not in hospital or HOSPITAL OR INSTITUTION SINCE	institution, give street address or location)	C. CITY OR TOWN (If	outside corporate limits,	write RURAL and give
	4-2-	Yrs.	D. STREET ADDRESS (If r	1/ - 4 / /	
	c. Length of stay in Baltimore 5/SEX 6.COLOR OR RACE 7.5	SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGI In years III	Inder 1 Year If Under 24 Hours ths: Days Hours Min.
	evale waite	COOKER, DIVORCED (Specify)	-0	76	ths Days Hours Min.
	10A USUAL OCCUPATION (Givekinder work done during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. EARTHPLACE (State or for	rejen country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	15. WAS DECE SED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give wer or dates of ser	RCES? 16. SOCIAL Prvice) SECURITY NO.	INFORMANT	AD AD	DRES
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	DISEASE OR CONDITION DIRE		OF DEATH		ONSET AND DEATH
- 11					
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	LEADING TO DEATH (This does not mean the mode of dy) heart failure, asthenia, etc. It means th injury or complication which caused ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY	ne disease, d death.) DUE TO	moun Ry E		e many you
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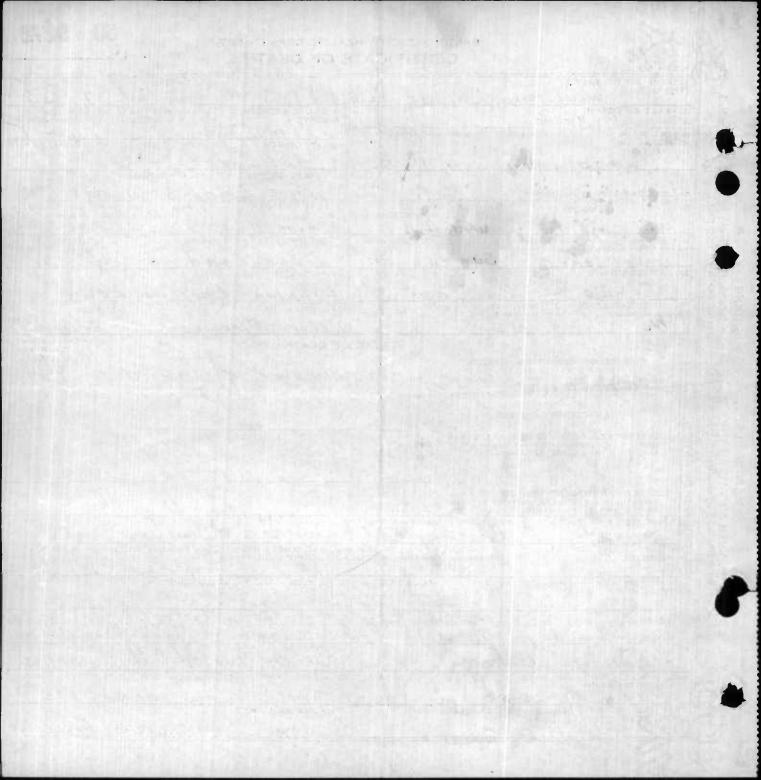
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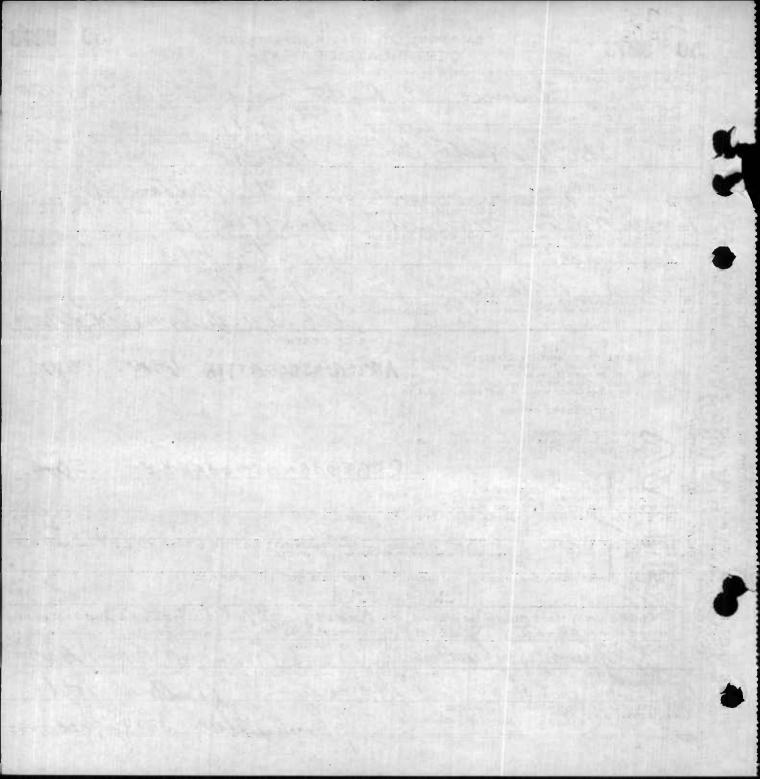
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hould be		Male White	V. SINGLE, MARRIED.	004-28/950	last birthday) Mo	under 1 Year H Under 24 Hours nths Days Hours Min.
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pplied.		PLACE OF DEATH		CILLO	0 (-0	4. USUAL RESIDENC	E (Where dece	ased lived. If i		
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TE		deceased alive or	12/25	1920, and the		red at 11:30 Am., fro	om the cause	s and on th		
VR.		28A. SIGNATURE	Jen Wil	enses		3B. ADDRESS	Ja Polit	PM	23C. D.	ATE SIGNED
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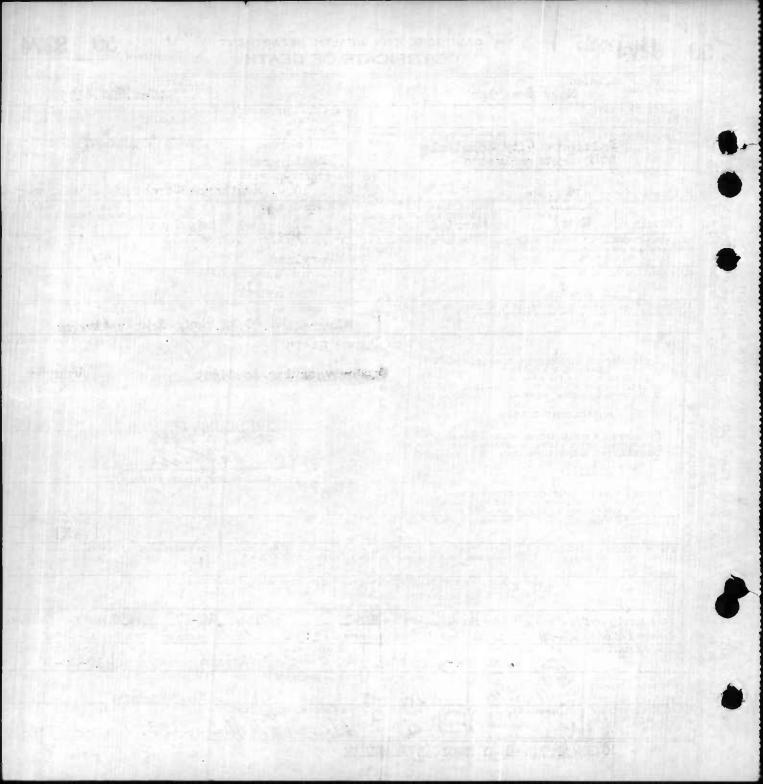
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9274

BIRTH NO 1. NAME OF DECEASED Marie 2. DATE (Type or Print) Mary Spangler OF Oct. 27, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or more HOSPITAL OR Baltimore City Hospitals location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 4940 Eastern Avenue Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Life 10 S. Hawthorne Street Middle River c. Length of stay in Baltimore Days 9. AGE (In years | H Under 1 Year | H Under 24 Hours | Months Days | Hours Min. 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify) Female White Sept 2. 10A, USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPI ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House Wife Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Dena Hamer August Rohle 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or nnknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or nnknown) SECURITY NO Recrods B. C. H. 4940 Eastern Avenue INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cerebrovascular Accident Unknown (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION EICATION APPROVED BY DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFI (C) CHIEF OR ASST. MEDICAL EXAMINER 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY DICAL 218. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) HOMICIDE (Specify) INJURY OCCUR? Ш Σ 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE WORK 22. I hereby certify that I attended the deceased from 10-27 150 , to_ 10-27 . 1950, that I last saw the deceased alive on 10-27 1950 and that death occurred at :30P m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 4940 Eastern Avenue 10-28-50 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24B. DATE Mt. Carme 50 Burial ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR

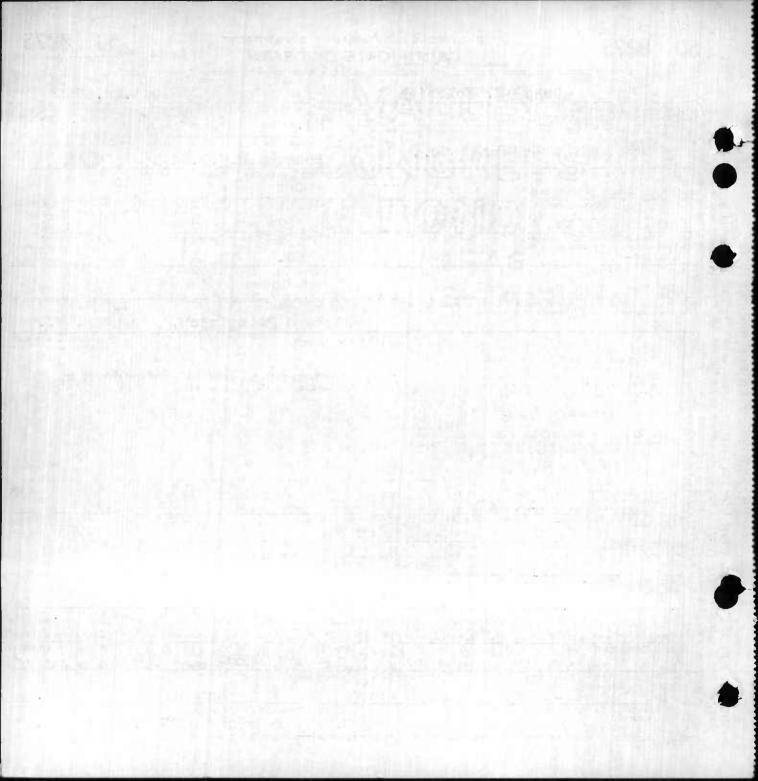
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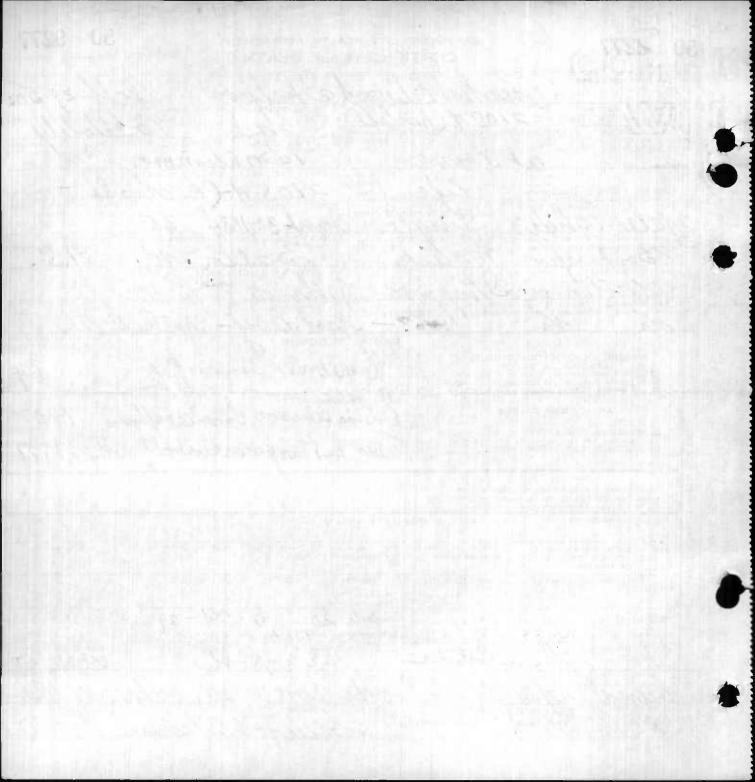
5(927 RTH NO.	75	ВА		E OF DEATH	Registered No.	0 9275
1.	NAME OF Daype or Print)		e E. H	elfrich		2. DATE OF DEATH OC t. 2	9.1950
3. A.	PLACE OF E Baltimore	City, Maryland			4. USUAL RESIDENCE (W	There deceased lived, If in	
	FULL NAME	OF (If not in hosp	oital or institu	tion, give street address or location		Carole	ne
	ISTITUTION	3903 Gree	nmount		Preston R.F	outside corperate limits, D.#2 Box	write RURAL and give township)
-				Yrs.	D. STREET ADDRESS (If		- A
c.	Length of	stay in Baltimore		⊥		5	500
	sex 'emale	6. COLOR OR RAC	WIDO	E, MARRIED, NED, DIVORCED (Specify Pied	8. DATE OF BIRTH 6/28/1874		ider I Year If Under 24 Hours ths Days Hours Min.
1		CCUPATION (Givekind		D OF BUSINESS OR	11. BIRTHPLACE (State or fo		2. CITIZEN OF
work	House-	of working life, even if retire	(bd)	INDUSTRY		oreign country)	WHAT COUNTRY?
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NA	AME	
	Christ	opher Hame	r		Not Known		
15	. WAS DECEAS	ED EVER IN U. S. ARM	ED FORCES?	16. SOCIAL	17. INFORMANT	AD	DRESS
(10	no	(11 200' Rive wat or di	ives of Bervice)	SECURITY NO.	Richard P. Helf	rich. Pres	ton, Md.
RTIFICATION	injury of DISEASE RISE TO	ure, asthenia, etc. It me complication which ANTECEDENT CA ES OR CONDITIONS THE ABOVE CAUSE (YING CONDITION)	caused deat USES , IF ANY, GIVI A) STATING T	(B)	renal dise	aze	
111	TRIBUTIN	SIGNIFICANT CON	T NOT RELAT	TED .			
U		OF OPERATION		R FINDINGS OF OPE	RATION		20. AUTOPSY?
AL		0					YES NO
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	22. I herei	by certify that I a	ttended the	deceased from Oc	8. 2 , 1950, ta	cx. 29 1950	that I last saw the
	deceased of	live on Oct. 2	8 1950	and that death occu	rred at4:37Pm., from t	he causes and on the	date stated above.
	23A. SIGNA		101		23B. ADDRESS	mountave.	23c. DATE SIGNED
24	4A. BURIAL, ON, REMOVAL (ERY OR CREMATORY 240. L		
	on, removal (irial	Specify) 11-2-1	950	Linchester	P	reston.	Md.
D	ATE RECEIVE OCAL REGIS	D BY REGISTRA	R'S SIGNAT		25. FUNERAL DIRECTOR G. Howard Stron		ADDRESS
-	OCT 30	1950			O TION ST G D GT OIL	E OLO / W. NO	L GIL AVO.,
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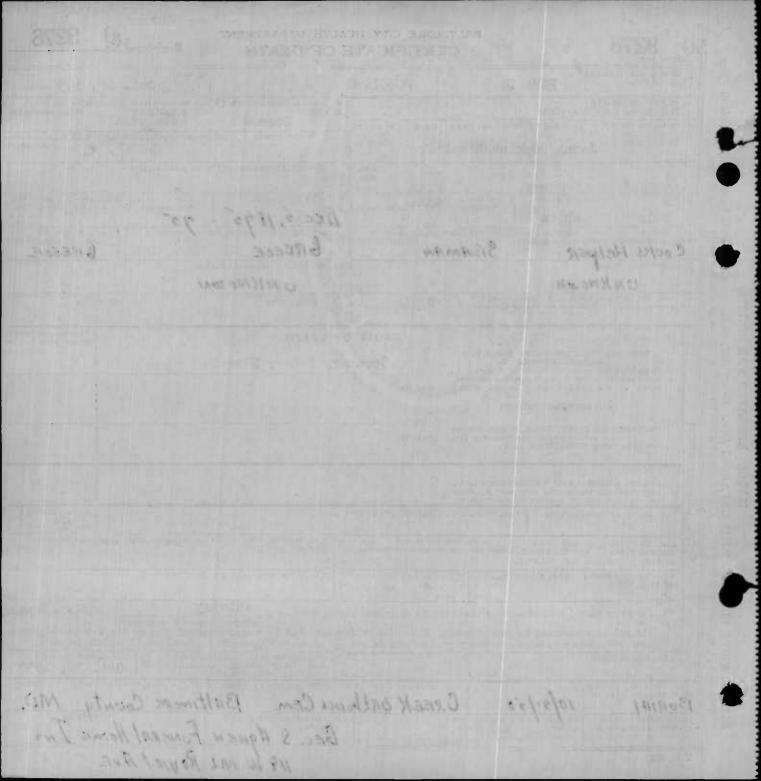
BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) lary B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corpor te imits write HURAL and give INSTITUTION #township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 317 Ellamont c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under I Year WIDOWED_DIVORCED (Specify) last birthday) Months: Days Hours: Min. mamed 10A. USUAL OCCUPATION (Givekind of) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? ath overseer 13. FATHER'S NAME informat s of death 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. NO asouba 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE CATI UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE CEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO 218. PLACE OF INJURY (e.g., in or | 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! Plecia 10 50to 10 - 21, 195 Chat I last saw the 22. I hereby certify that I attended the deceased from_ 19 50 and that death occurred at 342m., from the causes and on the date stated above. deceased alive on 10 -27 23A. SIGNATURE. 23c. DATE SIGNED Will mills とん 24A. BURIA, CALMA-TION, REMOVAL Specify) No. LOCATION (City, town, or county) 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 10-30-1950 Buria Loudon Park Bal timore. DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR Smile With & Hillians , Mit 061201351 3207 W. North VS 150

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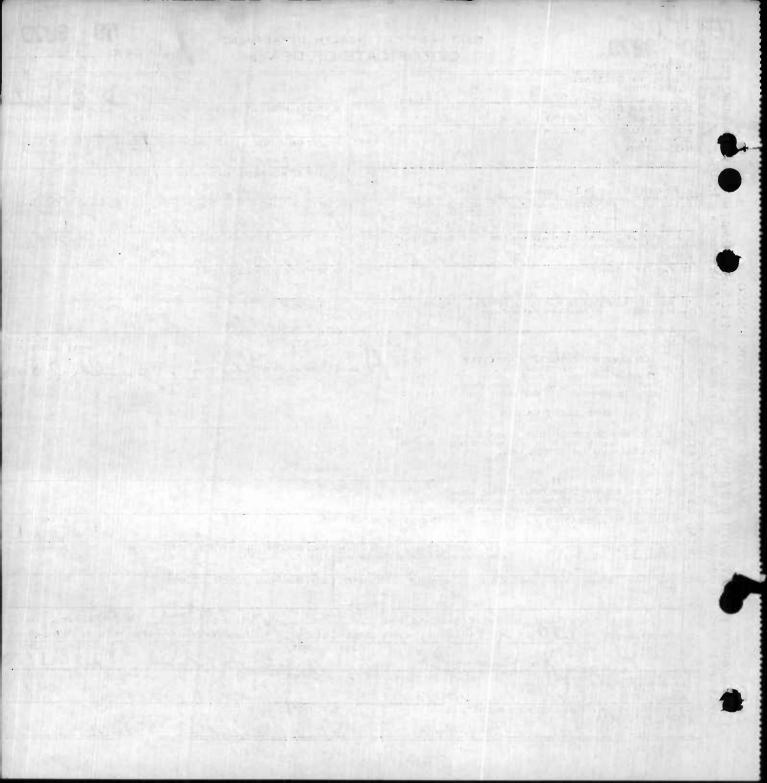
R-	10 0079	EALTH DEPARTMENT 50 E OF DEATH Registered No.	9278
. The	1. NAME OF DECEASED (Type or Print) PANAGIS ROSOIAM	OS 2. DATE OF DEATH Oct. 28	3, 1950
l pplied.	B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital	4. USUAL RESIDENCE (Where deceased lived If ine	titution : residence before admission
Sibly.	Yrs. c. Length of stay in Baltimore Amos. Days		
ould be cally and leg	5. SEX 6. COLOR DR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify Male White White France Specify Specify Security Secur	8. DATE OF BIRTH 9. AGE (In years last birthday) OEC 5, 1875 75 Month	ler I Year If Under 24 Houns Days Hours Min
hou	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COCKS INFO MER 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12 14. MOTHER'S MAIDEN NAME	WHAT COUNTRY
VDING informati s of death	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	UNIKNOWAI	
BINDIN of infor	(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADD	RESS
MARGIN RESERVED FOR I NFADING INK. Every item hysicians; please write the cau	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TD THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)		DNSET AND DEAT
PE	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
, WITH	21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, street, office bldg.		1
	21D. TIME (Momth) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY M. WHILE AT NOT WHILE AT WORK		094a
E WRITE PL.	22. I certify that I took charge of the remains described the cvidence obtained by said Autopsy, Inspection or and death in my opinion resulted from: natural cause 23A. SIGNATURE	Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the es , accident , suicide , homicide , und	thereon and from day stated above etermined DATE SIGNED 5. 30, 1950
PLE correct a	24A. BURIAL, CREMA- 24B. DATE TION, REMOVAL (Specify) 10/91/50 C. RELK ORE DATE RECEIVED BY RESISTRAR'S SIGNATURE LOCAL REGISTRAR	MUDICA CEM. BALLIMORE COUN	county) (State) fy Mi). DDRESS
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A STATE B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corpora e limit write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Forsuch' Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) # Under 1 Year last birthday) Months; Days Hours: Min. WIDOWED DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of JOB, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work dooe during most of working life, even if retired) INDUSTRY WHAT COUNTRY? estail StoreSELFI 1.5.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME On 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, oo or ookoowo) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, oo or ookoowo) SECURITY NO. 50.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY AL 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or ā HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE WORK 19 Othat I last saw the 22. I hereby certify that I attended the deceased from. 19 10 and that death occurred at from the causes and on the date stated above. deceased afive on 1 m .. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Oc 1 24A. BURILL CREMA-24D LOCATION (City, town, or county) OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) Buria TIMOTE DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE REGISTBAR VS 150



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered N 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES STEELE DEATH October 27, 1950 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corpora e limits. URAL and give INSTITUTION Johns Hopkins Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) MOR 418 N. Chester Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIET 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. Male " White Married Jan. 22, 1878 10A. USUAL OCCUPATION (Give kind of) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done daring most of working life, even if retired) INDUSTRY WHAT COUNTRY? Retired Army Man(None Indiana None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Steele Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 1898 to 1911 Mrs.Louise Steele 417 N. Thester St. ves none INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, lujury or complication which caused death.) disease DUE TO ANTECEDENT CAUSES RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY7 19A. DATE OF OPERATION NO X CAL 21c. WHERE DID (If In Baltimore City, give exact location) 218. PLACE OF INJURY (e. g., in or 21A. EXTERNAL CAUSE WAS about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING | OR CONTRIB. EDI UTING [] CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the cvidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED 23A, SIGNATURE 238, CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 10-28-50

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24A. BURIAL, CREMA-TION, REMOVAL (Specify)

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UNFADING Physicians:

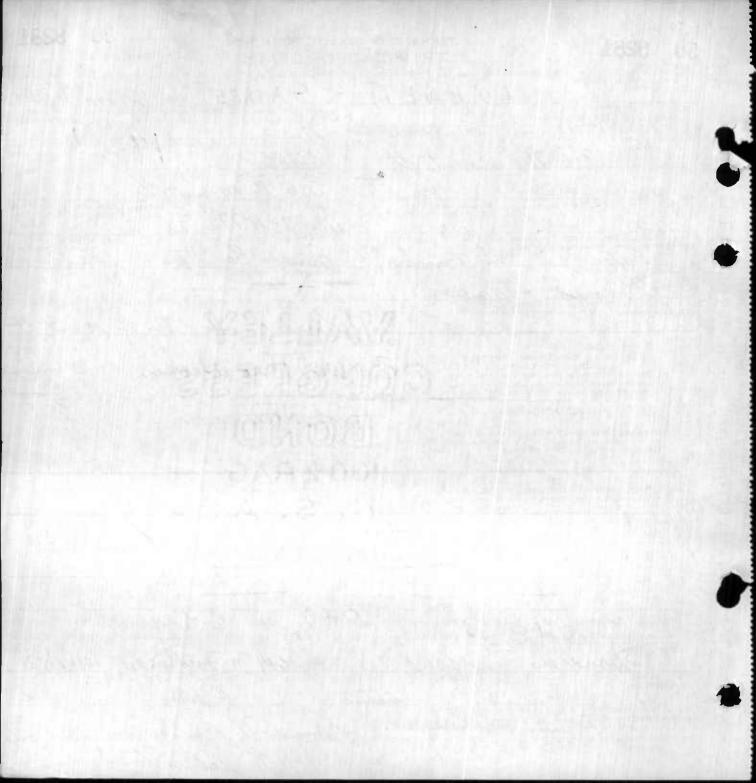
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Balto. National Cem. Burial DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

24B/DATE

Balto Md. ADDRESS 024 Orleans, St

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 2. DATE Oct. 28, 1950 OF DEATH B. COUNTY before admission) mits, write RURAL and give township) 9. AGE (In years last birthday) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? ADDRESS 1009 N. Calvert INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? 28, 19 Othat I last saw the 23c. DATE SIGNED

NAME OF DECEASED (Type or Print) LUCIUS READ WHITE. SR. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. FULL NAME OF (If not in hospital or institution, give street address or Md. HOSPITAL OR location) (If outside corporate C. CITY OR TOWN INSTITUTION 3501 Powhatan Ave. Baltimore Yrs. D. STREET ADDRESS (If rural, give location) 3507 Powhatan Ave. c. Length of stay in Baltimore Days 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Dec. 31, 1863 widowed 10A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTR Maryland Insurance Insurance 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Tyler White 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT (Yes, no or nnknown) (If yes, give war or dates of service) SECURITY NO. Mr. Lucius R. White, Jr. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY ine NEart Failure LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION EDIC/ 21c, WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e. g., in or (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE AT WOR WORK 22. I hereby certify that I attended the deceased from , 195 band that death courred at 10 F deceased alive on Ola m., from the causes and on the date stated above, 23A. SIGNATOR 23B. ADDRESS

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 10/31/50 Buri al

24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.

24D: LOCATION (City, town, or county) Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE mutualor / Mualle, Mis FUNERAL DIRECTOR

ADDRESS

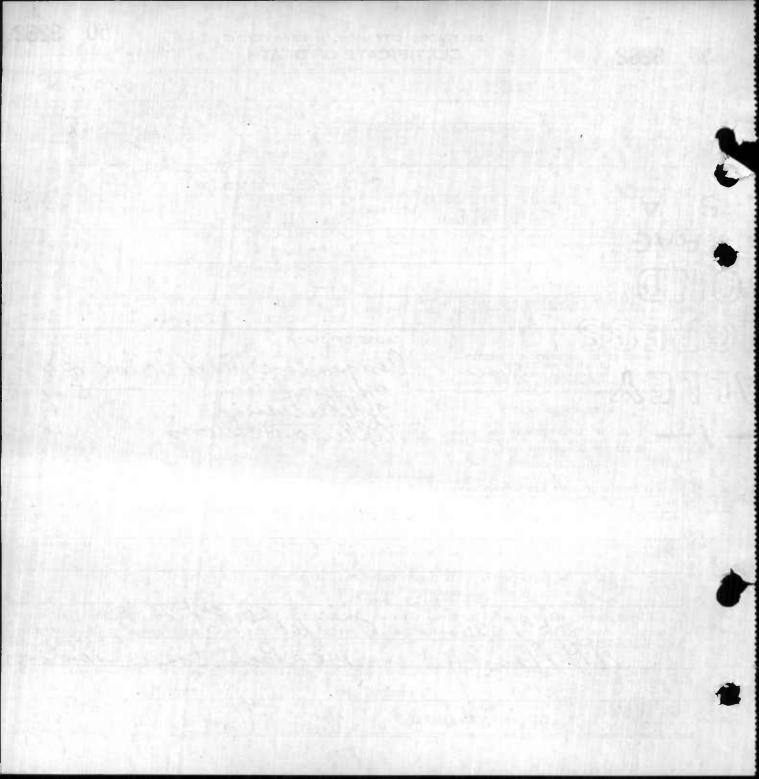
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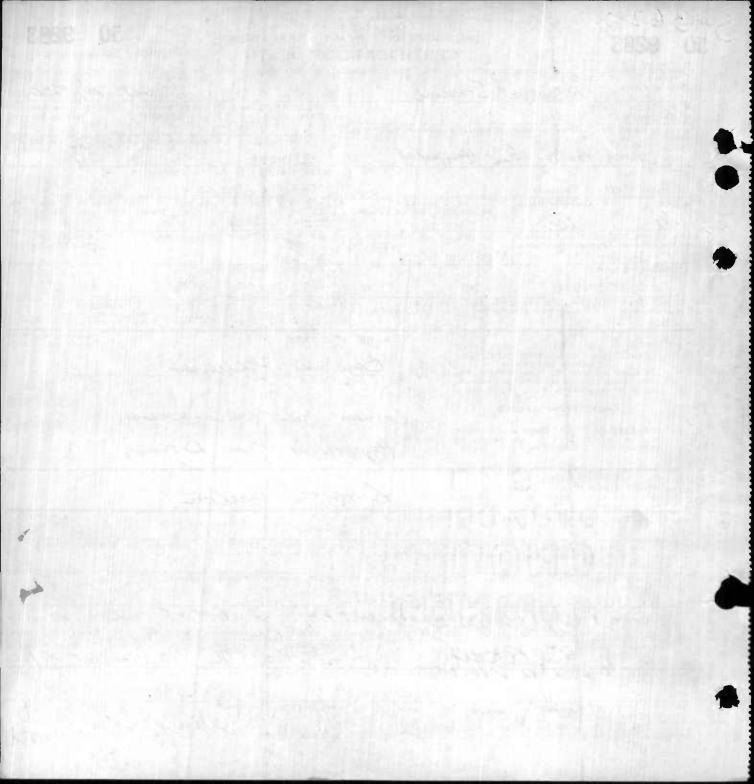
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH BIRTH NO NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY A. Baltimore City, Maryland A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits write RURAL and give C. CITY OR TOWN INSTITUTION Jours Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 2789 The Alameda Days 6. COLOR OR RACE 7. SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORCED (Specify) last birthday) | Months: Days | Hours | Min. June 19, 1885 married 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Toolmaker Airplane Mfgr. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret Durrabeck Adolph Strauss 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yee, no or unknown) (If yee, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yee, no or unknown) SECURITY NO. Mrs. Mary C Strauss 2789 The Alameda INTERVAL BETWEEN CAUSE OF DEATH 201 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY acchieros LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CONwell tre TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERebout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WORK 22. I hereby certify that I attended the deceased from OCO 22 1950 to Op 28 , 1950 that I last saw the and that death occurred at 1.55 Am., from the causes and on the date stated above. deceased alive on Oct 78 23A. SIGNATURE (BUTA 148 NAME OF CEMETERY OR CREMATORY) 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA PAR DACE TION, REMOVAL (Specify) Balto., Md. Burial Loudon Park DATE RECEIVED BY 25 FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR huntry low VS 150



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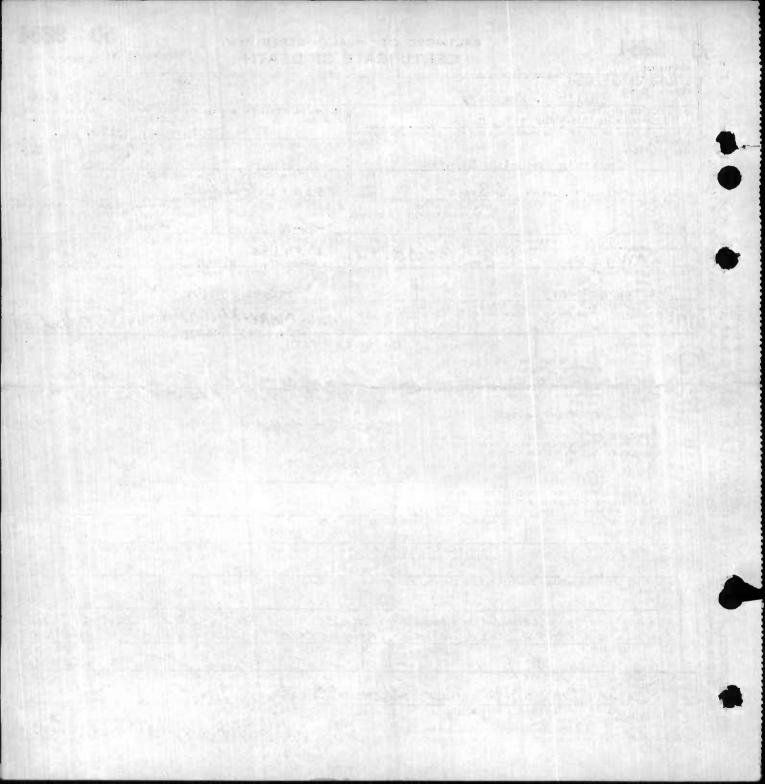
M: Greevy BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	TE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE
(Type or Print) Philip F. Mcgreevy	OF 00+ 99 1050
3. PLACE OF DEATH:	DEATH UCL. 20, 1900
A. Baltimore City, Maryland 1000 Cat on Ave.	A. STATE B. COUNTY before admission
B. FULL NAME OF (If not in hospital or institution, give street address	
HOSPITAL OR locati	on) C. CITY OR TOWN (If outside corporate limits, wright ULAL and give township)
Jenkin's Memorial Hospital	
Yr	
c. Length of stay in Baltimore 63 448 . Me	1000 - Caton Ave.
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	18. DATE OF BIRTH 19. AGE (In years) If Under 1 Year of Under 24 Hours
M WIDOWED, DIVORCED (Spec	1-29-76 74 yrs
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) STATE ACCUS INDUST	
LAWYER. PARCIDENT	- COK/13/11
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick McGreevy	Bridget MURPHY.
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	MRS. MARY-KING-11/0N:-4901 States St
	The Mary Moknoghton
18. 422.1 CAUS	E OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	
(This does not mean the mode of dying, e.g., (A)	ATEAIUSCLEMOTIC CANDIO
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	ASCULAR DISEASE
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ANTECEDENT CAUSES	9 = 4 EXIA
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	[일시8시] [시조] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4
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(C) (C)	
OTHER SIGNIFICANT CONDITIONS CON-	
TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT.	PERATION 20. AUTOPSY?
	YES NO 6
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. about bome, farm, factory, street, office bl	
HOMICIDE (Specify) about home, farm, factory, street, office bl	
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21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCU	RRED 21F, HOW DID INJURY OCCUR?
m. WHILE AT NOT WH	
22. I hereby certify that I attended the deceased from	2/ , 19 50 10/28 , 19 5 7 that I last saw the
22. I hereby certify that I attended the acceased from	curred at 1 . M., from the eauses and on the date stated above
23A. SIGNATURE	23B. ADDRESS 23c. DATE SIGNED
23A. SIGNATURE	
M. D.	ETERY OR CREMATORY 240. LOCATION (City, town, or Jounty) (State)
TION DEMOVAL (Specify)	
Burial. Oct. 31,1950 new Cather	nal cemercy. Saltimos - Md.
DATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTORY ADDRESS
10CT 2 01950 Hantington Williams, Mar	Clarles & O Chumber 3513 Endly Alve.
961 30 13301	and the transfer of the transfer of
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_	RTH NO.		ATE OF DEATH	Registered	50 9285 No.
	NAME OF DECEASED 'ype or Print)	ian) LILY MAE	TEETERS	OF DEATH	t. 27, 1950
A.	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, I B. COUNTY	f institution : residence before admission
HC	FULL NAME OF (If not in hospit OSPITAL OR ISTITUTION 1001 W. Bal	locat		f outside corporate limi e	write LUHAL and gi
	Length of stay in Baltimore	9 200		rural, give location) altimore St.	
	Female White	WIDOWED, DIVORCED (Sp. Married	June 4, 1888-	ol 62 yrs	onths Days Hours Mir
ork	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) Housewife		Kentucky		12. CITIZEN OF WHAT COUNTR
13	Zadoc Griffith		14. MOTHER'S MAIDEN N Mary Cather		
X cs	. WAS DECEASED EVER IN U.S. ARME s, no or unknown) (If yee, give war or date	D FORCES? 16. SOCIAL SECURITY N None	o. Mrs.Ruby Barlow,	1000 Melrose	ADDRESS Trenton Ave., N.J.
					ONSET AND DEA
«	DISEASE OR CONDITION LEADING TO DEA (This does not mean the mode heart fallure, asthenia, etc. It me injury or complication which ANTECEDENT CAU DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L	ATM of dying, e.g., ans the disease, caused death.) SES (B)	teriosclerotic Card	iovascular Di	
ERTIFIC	LEADING TO DEA (This does not mean the mode heart fallure, asthenia, etc. It me- injury or complication which ANTECEDENT CAU: DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	TH of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE DUE TO AST. (C) ITIONS CON- NOT RELATED N CAUSING IT.		iovasculær Di	isease
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4	LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which ANTECEDENT CAU: DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Momth) (Day) (Year OF INJURY) 22. I certify that I took chain the evidence obtained by and death in my opinion	THOMS CONNOT RELATED NOT WHILE AT NOT WORK NO	PERATION .g., in or 21c. WHERE DID (INJURY OCCUR? JRRED 21f. HOW DID INJUR HILE Above, held an Inspectation Autopsy, or Inquiry, find that said duscs X, accident , suicide	If in Baltimore City, Y OCCUR? tion & Inq. Inspection or Inquiry leceased died on to the property of the pro	20. AUTOPSY? YES NO give exact location) thereon and from the day stated about an additional control of the day stated about additional control of the day stated about an additional control of the day stated about a day additional control of the day stated about a day additional control of the day stated about a day additional control of the
MEDICAL CERTIFICA	LEADING TO DEA (This does not mean the mode heart fallure, asthenia, etc. It mer injury or complication which ANTECEDENT CAU. DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Momth) (Day) (Year OF INJURY) 22. I certify that I took chain the evidence obtained by and death in my opinion 23A. SIGNATURE	ATM of dying, e.g., ans the disease, caused death.) SES (B) IF ANY, GIVING STATING THE DUE TO AST. (C) ITIONS CON- NOT RELATED N CAUSING IT. SPB. MAJOR FINDINGS OF O 21B. PLACE OF INJURY (e about home, farm, factory, atreet, office to work MILE AT NOT WE WORK Tree of the remains describe said Autopsy, Inspection resulted from: natural ca	PERATION This or 21c. WHERE DID (10 10 10 10 10 10 10 10	If in Baltimore City, Y OCCUR? tion & Ing. Inspection or Inquiry, lecased died on to the individual of the individual	20. AUTOPSY? YES NO give exact location) thereon and from the day stated aboundetermined 3c. DATE SIGNED at. 28, 1950
MEDICAL CERTIFICA	LEADING TO DEA (This does not mean the mode heart failure, asthenia, etc. It mer injury or complication which ANTECEDENT CAU. DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L. OTHER SIGNIFICANT COND TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION 19A. DATE OF OPERATION 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year OF INJURY) 22. I certify that I took chain the evidence obtained by and death in my opinion 23A. SIGNATURE 4A. BURIAL, CREMAN 24B. DATE ON, REMOVAL (Specify) 17131 Oct. 30	ATM of dying, e.g., ans the disease, caused death.) SES IF ANY, GIVING STATING THE DUE TO AST. (C) ITIONS CON- NOT RELATED CAUSING IT. ISB. MAJOR FINDINGS OF O 21B. PLACE OF INJURY (e) about home, farm, factory, street, office b WHILE AT NOT W WORK Tree of the remains describe said Autopsy, Inspection resulted from: natural ea	PERATION 21c. WHERE DID (INJURY OCCUR? 21f. HOW DID INJUR 21f. HOW DID INJUR 21f. HOW DID INJUR Autopsy, or Inquiry, find that said d uses X, accident , suicide 23f. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT ETERY OR CREMATORY 240. L	If in Baltimore City, Y OCCUR? Inspection or Inquiry leceased died on to the property of the	20. AUTOPSY? YES NO Give exact location) thereon and from the day stated above and the condition of the con

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BIRTH NO.		CERTIFICAT	E OF DEATH	H Registered No.	
1. NAME OF (Type or Print		lie A. Sykes		2. DATE OF DEATH Octobe	r 28, 1950
3. PLACE OF	DEATH: City, Maryland		4. USUAL RESIDE	INCE (Where deceased lived, If ins	stitution: residence before admission)
B. FULL NAM HOSPITAL OF INSTITUTION	R	tal or institution, give street address or location)		and (If outside corregrate limits,	
00	1406 W.	Cold Spring Lane	Balti	more	township)
		Yrs. Mos.		SS (If rural, give location)	
c. Length of	stay in Baltimore	65 years Days	1406	W. Cold Spring Lan	
Male	White	WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7, 1877	last birthday) Mont	der 1 Year If Under 24 Hours has Days Hours Min.
10A. USUAL	OCCUPATION (Give kind of pet of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (S		2. CITIZEN OF
Sample		Cotton Mill INDUSTRY	Maryland		US A
13. FATHER'S	NAME		14. MOTHER'S MA	IDEN NAME	
Wesley			Georgeann	Hager	
15. WAS DECE. (Yes, no or unknow	ASED EVER IN U.S. ARME	D FORCES? 16. SOCIAL SECURITY NO. 213-03-1331	17. INFORMANT	Viola Sykes 1406 W	RESS Lane
Z DISEAS RISE TO UNDER UNDER TRIBUTI	ilure, asthenia, etc. It mesor complication which of ANTECEDENT CAUSES OR CONDITIONS, 10 THE ABOVE CAUSE (A) LYING CONDITION LA	STATING THE DUE TO AST. (C)	generaly	ma of stourch	/-
19A. DATE	OF OPERATION	19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
SAL	0				YES NO
	IDENT WAS UNDER- OR CONTRIBUTING TO DEATH	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,			e exact location)
210. TIME OF INJUR	(Month) (Day) (Year) (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE M. WORK AT WORK		INJURY OCCUR?	
22. I her	eby certify that I at	tended the deceased from	2-8 -1950	to 10 -28, 1250	that I last saw the
deceased 23A. SIGN	alive on 10-27	tended the deceased from, 19\$ and that death occur	rred at 10 -P.m.,	from the causes and on the	date stated above. 23c. DATE SIGNED
	Leamung	flumani M. O.	3711 8	sell 14	10-30-50
24A. BURIAL TION, REMOVAL Buria	(Specify)	24C. NAME OF CEMETE 1950 Woodlawn	RY OR CREMATORY	240. LOCATION (City, town, or	
DATE RECEIV	ED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRI	A	DDRESS
COTO	1050	wayor Milleur Me	Burgee Fune	10	LIS Koad
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township) D. STREET ADDRESS (If rural, give location) 8. DATE OF BIRTH 9. AGE (in years If Under 1 Year If Under 24 Hours last birthday) | Months: Days | Hours | Min. THPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? emore 14. MOTHER'S MAIDEN NAME ADDRESS ONSET AND DEATH 20. AUTOPSY? 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 2 IF. HOW DID INJURY OCCUR? _ thereon and from Autopsy, Inspection or Inquiry 23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR 24D. LOCATION (City, town, or county) 25. FUNERAL DIRECTOR ADDRESS

Registered No.

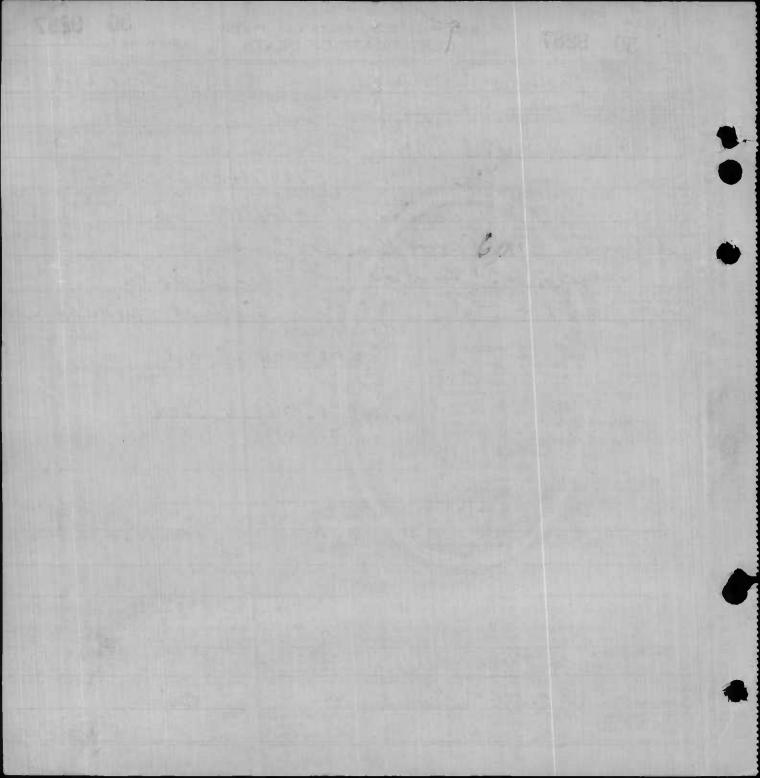
Falls

(If outside corporate limits, write RURAL and give

before admission)

2. DATE

OF DEATH



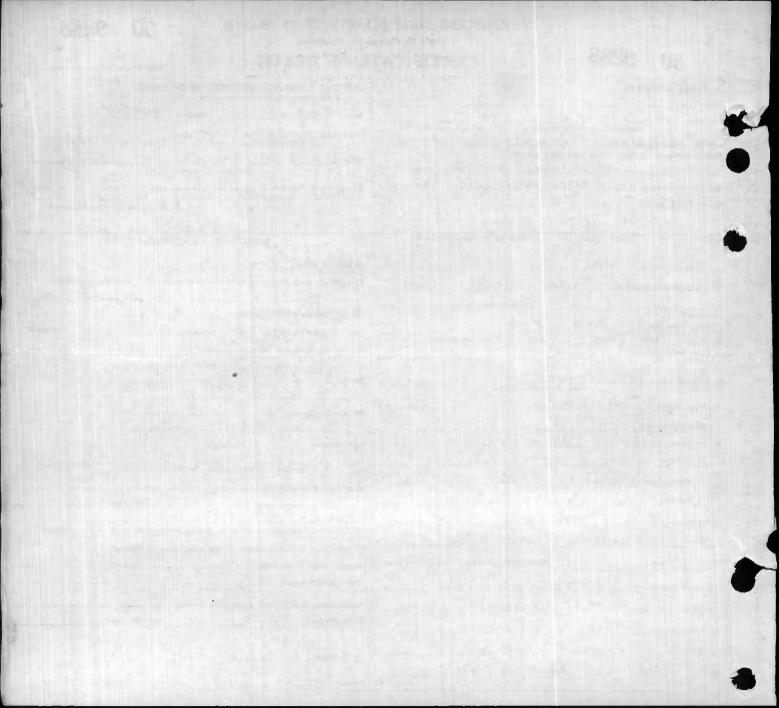
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50	9288

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9288

CERTIFICATE OF DEATH 4 20, 11 Reg. Diat, No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
Miriam Helen Willis	215-20-1543
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced WHOTE WIDOWED	MEDICAL CERTIFICATION 20. DATE DF DEATH. MEDICAL CERTIFICATION 20. DATE DF DEATH. 20. DATE DF DEATH.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day	Immediate cause of death
9. Birthplace KENT COUNTY (Town, county, and state) 10. Usual occupation. Housewife	Due to Cultons talking the bottom to the bot
11. Industry or business 12. Name JRHA C. LECOMPTE 13. Birthplace KENT (OUNTY MARYLAN) 14. Malden name MELYCHA READ	Cither conditions (Include pregnancy within 8 months of death) Major findings of operations.
14. Maiden name MELYONA READ 15. Birthplace KENT COUNTY MARYLAND 16. Informant EASL T. WILLS	Major lindings of operations
Address // CEDAR AVE., TOWSON, Md. 17. BURLAL. (Burlal, cremation, or removal. Which?) Daje thereof. (month) (day) (year)	PHYSICIAN: Flease underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory CHESTER.	Where did injury occur?
Location CHESTERT SHA MARKAND 18. Funeral director MARKIN WILLAMS	Means of Injury Injured at work?
Address CHESTERTOWN MARKAND	23. SIGNATURE M. D. op other
19. (Date rec'd by registrar) Registrar	Address Address 4 - Water signed 30,30



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C	y ite	the
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KESE	INK.	please
MARGIN RESERVED FOR BINDING	SE WRITE PL LY, WITH UNFADING INK. Every item of informatic. Should be carefully supplied	age is especially important. Physicians: please write the causes of death clearly and legibly.
	WITH	rtant.
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	PL,	ecially
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	WR	e is
	SE	20

	5-5-4	50 9289	BALTIMORE CITY HE CERTIFICATI		50 Registered	9289 No
1.	NAME OF D				2. DATE OF	00 3000
	PLACE OF D	EATH:	atie Cecilia Samilto	4. USUAL RESIDENCE (W	There deceased lived.	
В.	FULL NAME	City, Maryland OF (If not in hospital	al or institution, give street address or	A. STATE Maryland	B. COUNTY	before admission)
	SPITAL OR	St. Joseph's	location) Hospital	c. city or town (If	outside corporate lim	nits The KURAL and give township)
T			Yrs.	D. STREET ADDRESS (If	rural, give location)	
-	Length of s	tay in Baltimore	6lyr. Days 7. SINGLE, MARRIED.	736 Light	Street 9. AGE (In years)	If Under 1 Year If Under 24 Hours
F	e.	White	WIDOWED, DIVORCED (Specify) Married	Sept.9,1886		Months Days Hours Min.
10 work	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?
12	Hwfe.	14145	Own Home	Italy		
13		ence Anarino		14. MOTHER'S MAIDEN NA Rosie Gent		
15 (Yes	. WAS DECEAS: , no or nnknown)	ED EVER IN U.S. ARMED (If yee, give war or dates	of service) SECURITY NO.	Wm. H. Samilto	on 736 Tim	ADDRESS
-		1	none		our too ris	INTERVAL BETWEEN
	18. 76		CAUSE	OF DEATH	01	
		SE OR CONDITION LEADING TO DEAT not mean the mode of	TH Survey of the Court of the C	monary es	nollsn	1
	heart failt	re, asthenia, etc. It mea	ns the disease,		•••••••••••••••••••••••••••••••••••••••	
		ANTECEDENT CAUS	SES			Coner
O		S OR CONDITIONS, I		uxou	**************************************	
RTIFICATION		THE ABOVE CAUSE (A) YING CONDITION LA				
FIC			(c)			
RTI		II SIGNIFICANT CONDI	TIONS CON-	t 117	7.1.2	
CE		TO THE DEATH, BUT DISEASE OR CONDITION		es meete	-	
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IED	HOMICIDE	(Specify)	about home, farm, factory, street, office bldg., e	tc.) INJURY OCCUR?		
Σ	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
	OI INDOKT		m. WHILE AT NOT WHILE			
	22. I hereb	y certify that I att	ended the deceased from 10,			50, that I last saw the
	deceased a	live on 10/28/	, 1950, and that death occur	red at 3120AM, from the	he causes and on	
	23A. SIGNA	Irleus Su	vinski "	38. ADDRESS 1400 N. Caroline	Street	23c. DATE SIGNED
24	4A. BURIAL.	CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. L		
110	Burial	Oct.31,	1950 Glen Haven C	emetery Rito	hie Highw	ay Balto Md.
	ATE RECEIVE	D BY REGISTRAR	SSIGNATURE			
0	OT 2010		A MINIMARILA WAR	RAUSE FUNERAL	HOME 1216	S.Charles St

06/. oBalto. 30 Md.

ACHTECOTO SEYES DE SONO DE SON I orde to determine a probable sequilier of events which led from underlying course to the terminal pertonorary untrovar - may we ask if dealities was the underlying cause? with throntoghlabilis? to priling lathon? Debite contributing with underlying cause of Rulmonay doubtlus Dee Donnent File 50-9289 11-14.50

ADING UNFADING Physicians: P) ecia WRITE |

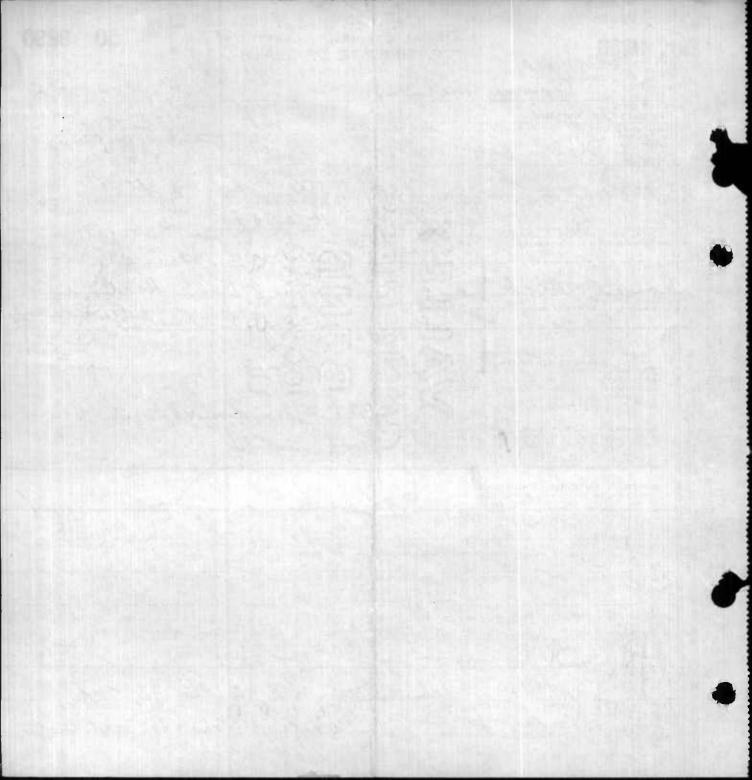
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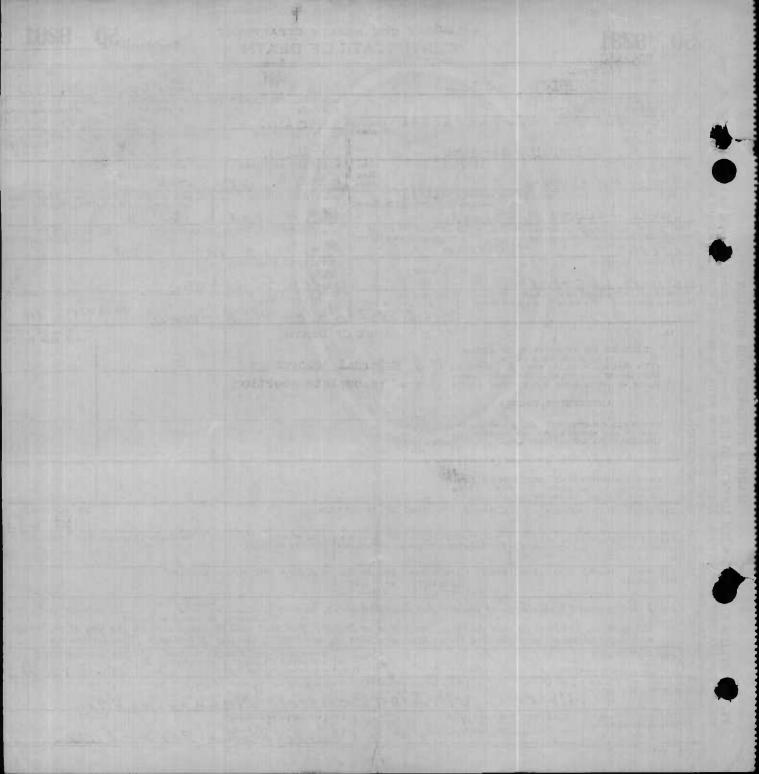
BALTIMORE CITY HEALTH DEPARTMENT

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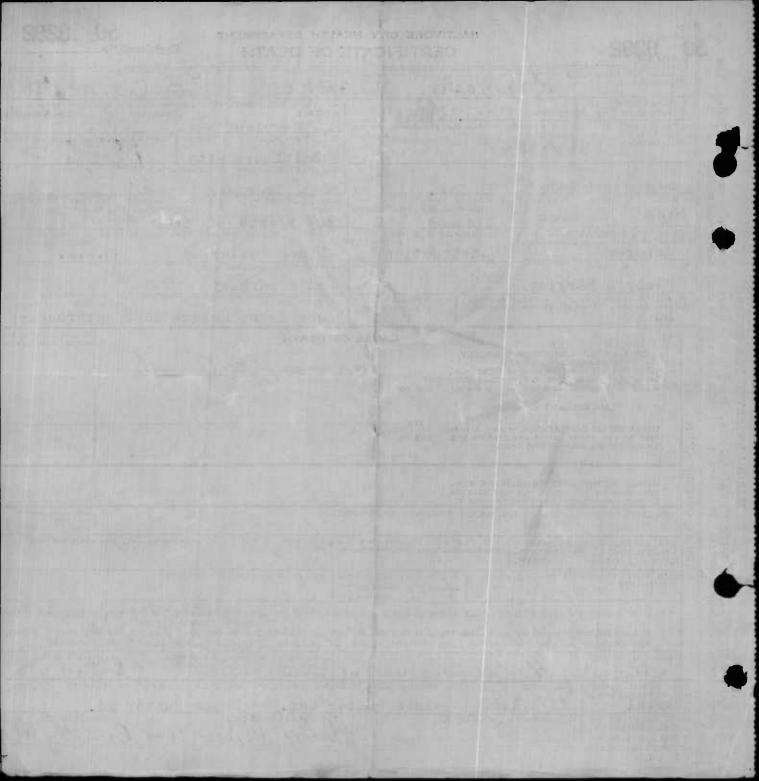
Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Yrs. D. STREET ADDRESS (If rural, give location Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE AGE (In years, If Under 24 Hours last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) ingle 108. KIND OF BUSINESS OR 10A. USUAL OCCUPATION (Give kind of ACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? 13. FATHER'S NAME 15. WAS DEC ASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL (If yes, give war or dates of service) SECURITY NO DNSET AND DEATH 28-10 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 10-20-50 (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO droughers & fylio writes ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) . RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 2 IF. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from. , 19___, that I last saw the ., 19___, to_ , 19____ and that death occurred at_ deceased alive on. _m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 10-18-58 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24D. LOCATION (City, town, or county) DATE RECEIVED BY REGISTRAR'S, SIGNATURE LOCAL REGISTRAR



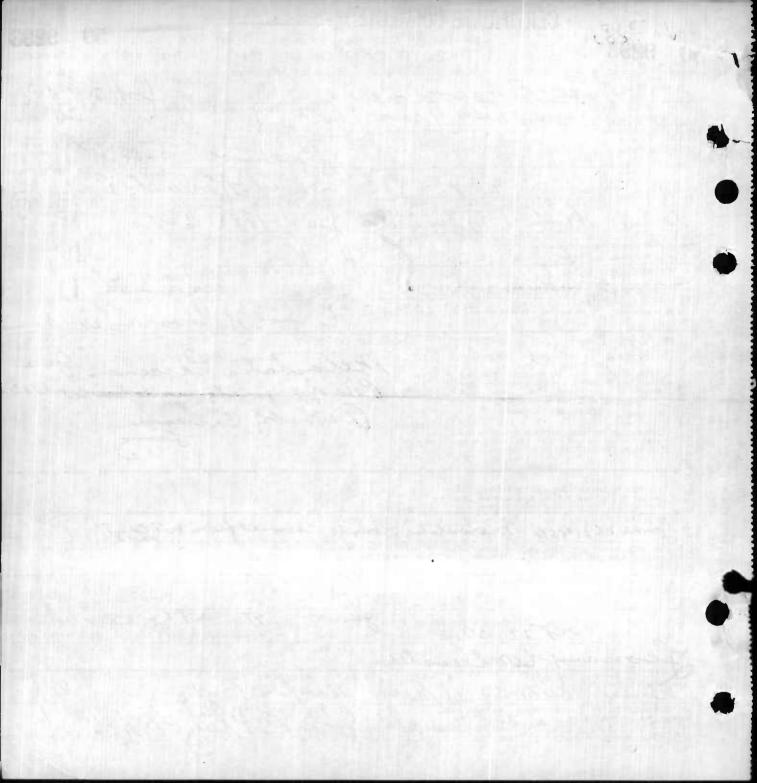
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B-3	0000	HEALTH DEPARTMENT ATE OF DEATH Registered No.	0 9292
The	1. NAME OF DECEASED RAY MOND 12	BARKLEY 2. DATE OF DEATH OCT.	28,1950
pplied	a. Baltimore City, Maryland Balto City B. FULL NAME OF (If not in hospital or institution, give street address	4. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY	stitution : residence before admission
	HOSPITAL OR PROVIDENT	ion) C. CITY OR TOWN (If outside corporate limits	write RURAL and give
ribiy.	Y M	Baltimore City o. STREET ADDRESS (If rural, give location)	
be car	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	ays 1836 Prestman Street 8. DATE OF BIRTH 9. AGE (In years) If U	nder 1 Year If Under 24 Hours
Ad be and	MALE COLORED WIDOWED, DIVORCED (Spe	10/19/1889 61	ths Days Hours Min.
The state of the s	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY	2. CITIZEN OF WHAT COUNTRY
ion s	13. FATHER'S NAME	Dames quater Md U	S.A.
NG ormati death	George Barkley	Julia Barkley	
DI	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO	o. Rosa Irene Halcum 1822 W	BlhrookAvo
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians; please write the causes	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	oronary artery scleros	ONSET AND DEATH
UNH	TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OIL	PERATION	20. AUTOPSY?
WITH rtant.	21a. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (c. underlying or contrib. about home, farm, factory, street, office his		YES NO Pe exact location)
y minpo	UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY MHILE AT NOT WE WORK Th.	HILE	
WRITE PLA	22. I certify that I took charge of the remains describe the evidence obtained by said Autopsy, Inspection and death in my opinion resulted from: natural car	Autors, Inspection or Inquiry of Inquiry, find that said deceased died on the uses 12, accident \square , suicide \square , homicide \square , unique	$dctermined \square.$
age is	Hauley A. Durlocher	M.D. MEDICAL INVESTIGATOR	A. 29, 1950
PLEASE correct ag	TION, REMOVAL (Specify)	etery or Crematory 24b. Location (City, town, or later Cem. Dames Quater M	r county) (State)
PLE	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR		ADDRESS
	V S 151 970	24 094a	V



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO I. NAME OF DECLASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: ASUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) B. FULL NAME OF (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION refull township) Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore Days 6. COLOR OF RACE 5. SEX 7. SINGLE, MARRIED 8 DATE OF BIRTH AGE (In years | ff Under | Year | ff Under 24 Hours | last birthday) | Months: Days | Hours | Min. AGE IIn years WIDOWED, DIVORCED (Specify) Long rarrico 2 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country) 12. CITAZEN OF work done during most of working life, even if retired) INDUSTR WHAT COUNTRY? some we WSU 14. MOTHER'S MAIDEN NAME rgenbrig 13. FATHER'S NAME death informa 93. WAS DECEASED EVER IN U. S. ARMED FORCES? of 16, SOCIAL 17 INFORMANT (Yes, no or unknown) ADDRESS (If yes, give war or dates of service) SECURITY NO. of INTERVAL SETWEEN 18. CAUSE OF DEATH item cal ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., word site under wobably Carrena Tun write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. CA UNFADING Physicians: (C) ... L RH 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. U Gune 16, 950 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY metostalie nodule remove important. 4 NO U 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE ATT NOT WHILE [AT WORK WORK act 28, 19 50 hat I last saw the 22. I hereby certify that Lattended the deceased from Jano , 19 47 to. deceased alive on 27, 1950, and that death occurred at m., from the causes and on the date stated above. 264. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED cono BURIAL, CREMA-NAME OF CEMETERY OF CREMATORY 24D_LOCATION (City, town, or county) (State) TION NEMOVAL (Specify) murial DATE RECEIVED BY REGISTRAR'S SIGNATURE TUNERAL DIRECTOR ADDRESS 25. VS 150



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WHAT COUNTRY? ADDRESS Mrs. Anna A. Kiel -3806 Colborne Rd. NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) Basement - 3806 Colborne Road Hantew Hantserr 997 Basement by a rope suspended from the rafters On thereon and from Autopsy, Inspection or Inquiry 238. CHIEF MEDICAL EXAMINER 23C. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

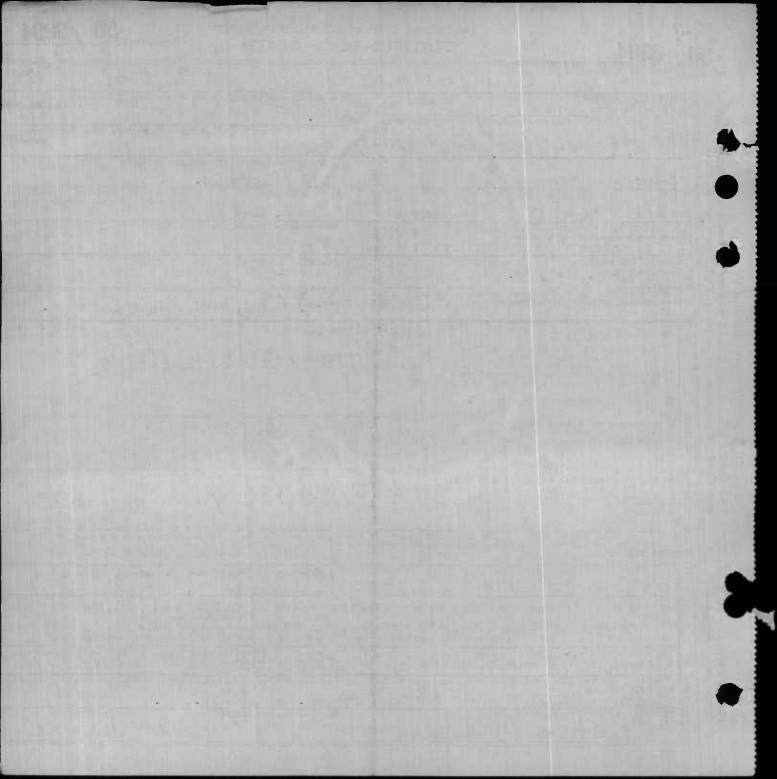
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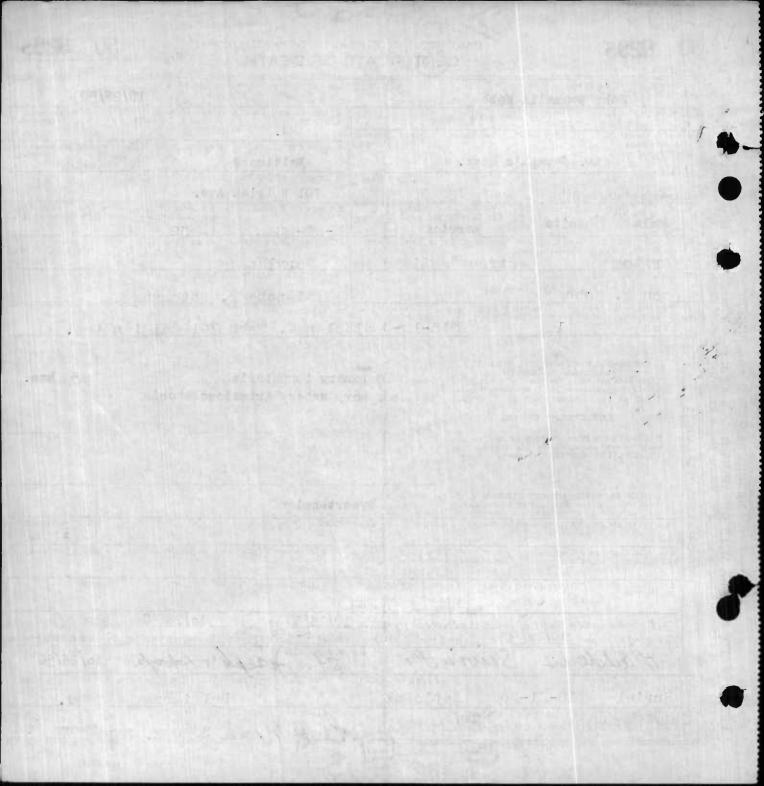
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12. CITIZEN OF



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эе У V	50	9295 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No.					9295		
The	1	NAME OF DI	ECEASED				2. DATE		
ed.	(T	ype or Print	hn Franklin	Webb			1	0/28/50	
pplied.	А.	FULL NAME	ity, Maryland	Baltin	nore tion, give street address o	4. USUAL RESIDENCE A. STATE Md.	(Where deceased lived B. COUNTY		; residence ore admission)
efulla ly.		OSPITAL OR ISTITUTION	St. Joseph	s Hosp	location	C. CITY OR TOWN Baltimore	(If outside corporate)	mits, write R	RAL and give township
Grib	c.	Length of st	tay in Baltimore		Life Yrs. Days	701 Belgian)	
	5.	Male Male	6. COLOR OR RACE White	WIDOV	E. MARRIED. VED. DIVORCED (Specify Pried	1 8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	If Under 24 Hours Hours: Min.
houl	work	A. USUAL OCC	CUPATION (Give kind of working life, even if retired	108. KINI	O OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or		12. CITIZ WHA	EN OF T COUNTRY
tr.	-	FATHER'S N		boreer	nallway	Maryland 14. MOTHER'S MAIDEN	NAME		
UDING information of death		John W.	Webb			Blanche M	Rateman		
BINDING of inform uses of dea	15 (Ye	. WAS DECEASE	D EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Lavemen	ADDRESS	
R BIN em of i causes	Ì	Yes	1	,	213-10-0851	Helen M. Webb	701 Belgi	an Ave.	
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	IIFICATION	(This does heart failure injury or DISEASES RISE TO T.	SOR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It me complication which ANTECEDENT CAU SOR CONDITIONS, HE ABOVE CAUSE (A VING CONDITION L	of dying, e. ans the disea caused death SES IF ANY, GIVI	g., (A) Cor se, h.) DUE TO CO POD (B)	nary thrombosis	iosclerosis	5	hrs.
MA UNF	CER	TRIBUTING	IGNIFICANT CONE TO THE DEATH, BUT ISEASE OR CONDITIO	NOT RELAT	ED HY	ertension			*******************************
H	CAL		2	19B. MAJOR	FINDINGS OF OPE			20. YES	AUTOPSY?
LY, WITH	EDI	HOMICIDE	NT. SUICIDE. (Specify)		ACE OF INJURY (e. g., farm,factory,street,office bldg		(If in Baltimore Cit	ty, give exact	location)
V4>	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY m. WHILE AT WORK AT WORK								
TE Fespecial		deceased al			deceased fromand that death occu	10/18/50, 19 , to wred at 6-45P m., from	10/28/50 ₁ ; the causes and o		last saw the
WR]			ideus	Suvi	enske M.D.	ST. Sept	1. lotop.	10/2	8/50
oct ag	TIC	Burial Burial	10-31-		24c. NAME OF CEMET National	3	Baltimore	Md	
PLE	L (ATE RECEIVED	ASTO REGISTRAR		hamesing?	Hand Meran	3000 E.	ADDRES Baj timo	-
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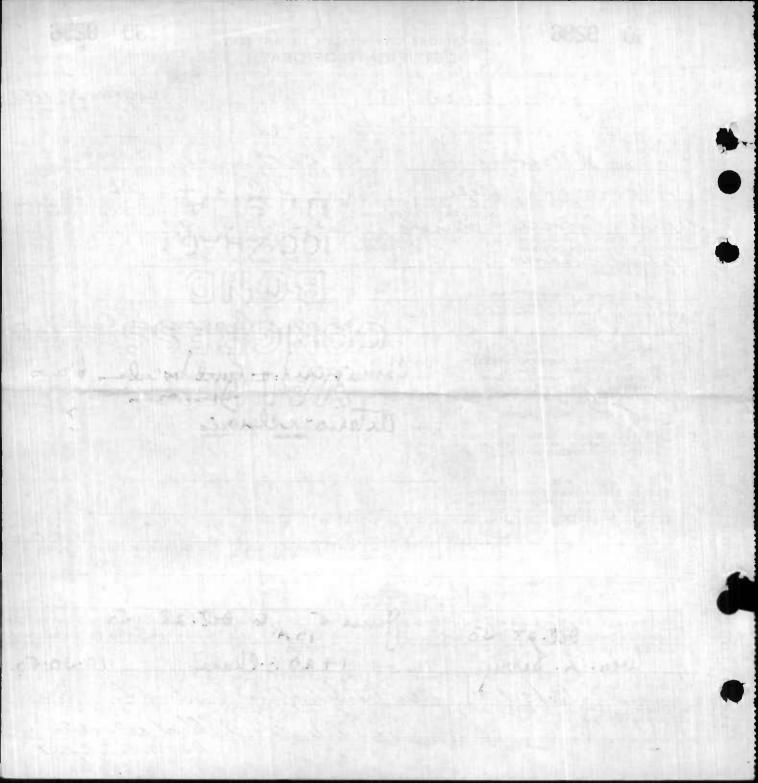


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9296 50 Registered No.

BII	IRTH NO.	F DEATH Registered No.
_	NAME OF DECEASED	2. DATE 10 1. 1
	Type or Print) vames Sucas	DEATH October 28, 1950
	. PLACE OF DEATH://	SUAL RESIDENCE (Where deceased lived, If institution; residence
-		TATE B. COUNTY before admission
	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	ITY OR TOWN (If outside corporate limits, write RURAL and gi
IN:	NSTITUTION 15 & Caroline St.	B 07 townshi
0		TREET ADDRESS (If rural, give location)
	Mos.	5 / C. Line D1
weeker-us	Length of stay in Baltimore Days Days Length of Stay in Baltimore Days Length of	ATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hou
1	male Colored WIDOWED DIVORCED (Specify) On	ly 4 1853 last birthday) Months Days Hours Mi
10.	OA. USUAL OCCUPATION (Give kind of 10B. KIND OF ESINESS OR 11. B	INTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTR
-	Retured - Laborer	actinous md
13.		MOTHER'S MAIDEN NAME
	unknown	Ellew?
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 174	NFORMANT ADDRESS
Yes	es, no or unknown) (If yes, give war or dates of service) SECURITY NO.	30 and Change 155 C. P. C.
1	1401	LINTERVAL BETWE
4	18. 442 X CAUSE OF D	DEATH ONSET AND DEA
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	00 00 16
	(This does not mean the mode of dying, e.g., (A)	car, o- finallas cula 6 mos
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO	there are
	ANTECEDENT CAUSES	
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	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO	
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7	(C)	
	11	
ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
U		Y 20. AUTOPSY?
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Ù	21A ACCIDENT, SUICIDE 21B, PLACE OF INJURY (e.g., in or 2	
	HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.)	NJURY OCCUR?
		ATE HOW DID IN HIDV OCCUP?
	OF INJURY	21F. HOW DID INSURT OCCURT
	m. WHILE AT WORK AT WORK	
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	WHILE AT NOT WHILE	
	22. I hereby certify that I attended the deceased from	196, to 000. 18, 19 Othat I last sai
	deceased alive on 32.38, 19.8. and that death occurred a	the A.m., from the causes and on the date stated ab
		DDRESS 23c, DATE SIGN
	Wen. L. Serve M.o. 14	20 6. Chare 10.30.5
24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR	CREMATORY 240. LOCATION (City, town, or county) (State
TIC	ION REMOVAL (Specify)	1.18 m 1:11 7.1
-	Durial Oct 31/50 Mew Calle	FUNERAL DIRECTOR ADDRESS
LC	DATE RECEIVED REGISTRAR'S SIGNATURE 25. F	The low -
	101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. Kott. a. Clest & Caughter
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

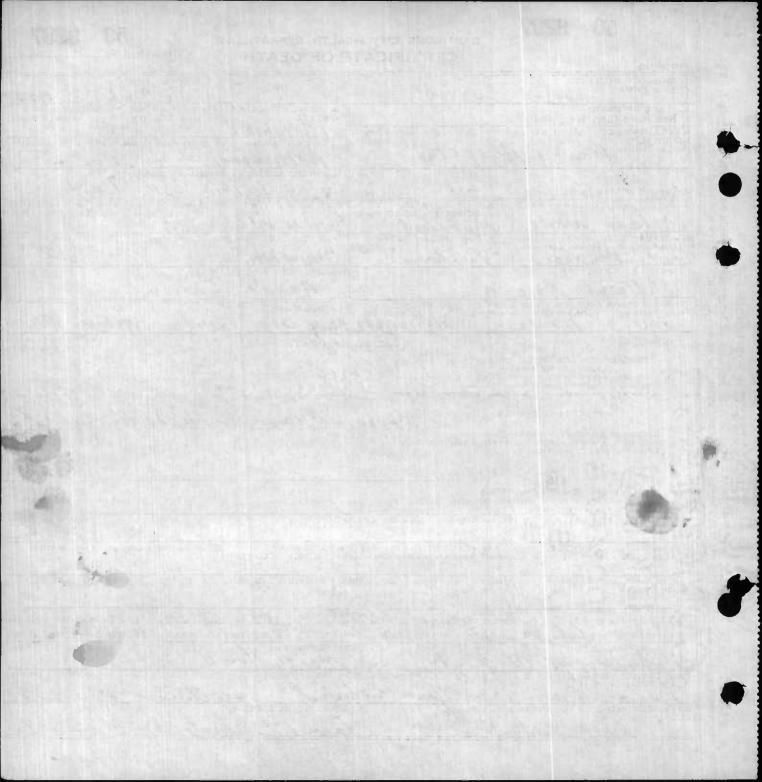
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1	BIRTH NO.		CERTIFICAT	E OF DEATH	Registered	No.
	Type or Print)	s Cuv	rid		2. DATE OF DEATH Octo	ber 30.1950
	B. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE	(Where deceased lived, I	f institution residence before admission)
1	s. FULL NAME OF (If not in hos HOSPITAL OR NSTITUTION MERCY	11	on, give street address of location	c. CITY OR TOWN	(If outside corporate lim	its, write RURAL and give
-	riereg	1705/51	Yrs.	D. STREET ADDRESS		~ 0 QUE
	Length of stay in Baltimore		fe Mos.	1 22-11 1.11	1 0	Road 6300
1	Male White	WIDOW	MARRIED. ED. DIVORCED (Specify			onths Days Hours Min.
	OA. USUAL OCCUPATION (Givekio	dof 108. KIND	OF BUSINESS OR	1. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF
Z	Vatte Mandoe V	91	chance	Mary land		WHAT COUNTRY
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN		
-	5. WAS DECEASED EVER IN U. S. ARI	OOK	16. SOCIAL	Hones	Currid	
0	(es, oo or unknown) (If yes, give war or d	lates of service)	SECURITY NO. 216-10-1899	Mary Louise		William BK R
-	18. EQ 2 Y			OF DEATH	,47770 8307	INTERVAL BETWEEN
	DISEASE OR CONDITIO					ONSET AND DEATH
	(This does not mean the mod heart failure, asthenia, etc. It n	le of dying, e.g.		mid	****	
	injury or complication which					several
z	ANTECEDENT CA	USES	Chron	ic 6 lomerula	- Nephvits	is wears
	DISEASES OR CONDITIONS	A) STATING TH	G			
A C	UNDERLYING CONDITION	LAST.				All man
RTIFICA			_ (C)			
日日	OTHER SIGNIFICANT CON TRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDITI	UT NOT RELATE	D			
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AC	21A. ACCIDENT, SUICIDE.	218 PLA	CE OF INJURY (e. g.,	in or 21c. WHERE DID	(If in Baltimore City,	yes No L
ED	HOMICIDE (Specify)	about home, fa	arm, factory, street, office bldg.	.etc.) INJURY OCCUR?	(at an Danmack City,	s s
Σ	21D. TIME (Month) (Day) (Ye	ar) (Hour) 2	1E. INJURY OCCURE	RED 21F. HOW DID INJ	URY OCCUR?	
	OF INSORT	m. W	HILE AT NOT WHILE			
	22. I hereby certify that I	attended the	deceased from Oc	10/430 150, to	Oct. 30 , 195	that I last saw the
	deceased alive or . 3	, 1950, 0		urred at 25/1m., from	m the causes and on	the date stated above
	John a Spett	El 91.	M.D. M.D.	Merey Ho.	10	23C. DATE STORED
T	BURIAL, CREMA- 24B. DATE	/ /2	4c. NAME OF CEMET	ERY OR CREMATORY 24	. LOCATION (City, town	n, or county) (State)
-	BURIAL MOV.	1,1950	Hew Cats	25. FUNERAL DIRECTO	sallimore,	Maryland.
	OCAL REGISTRAR	R'S SIGNATUI	Miaula Mull	25. FUNERAL DIRECTO		The A. I. I.

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PLECALE WRITE FORLY, WITH UNFADING INK. Every item of informatic Thould be befult inpulied.

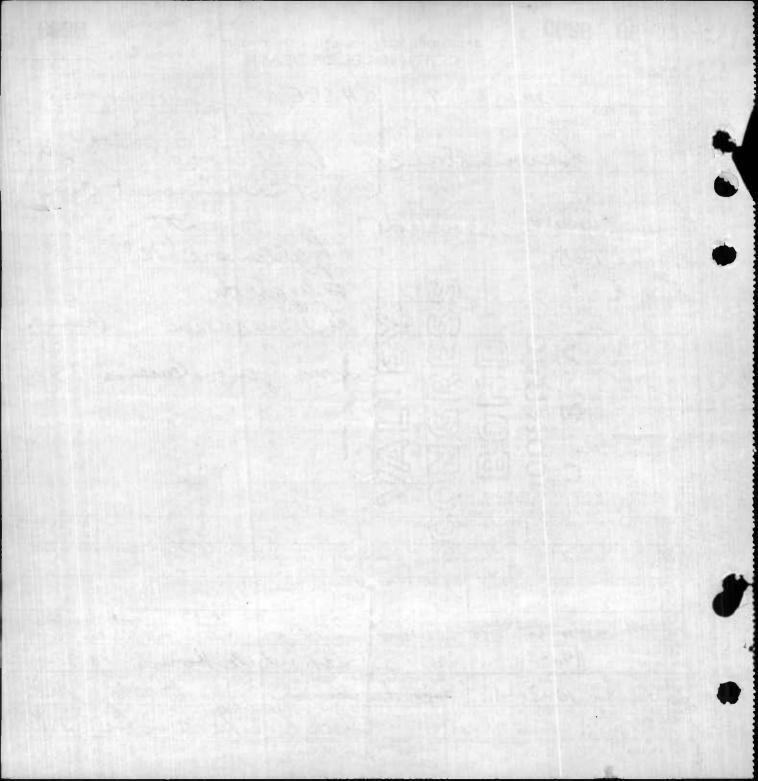
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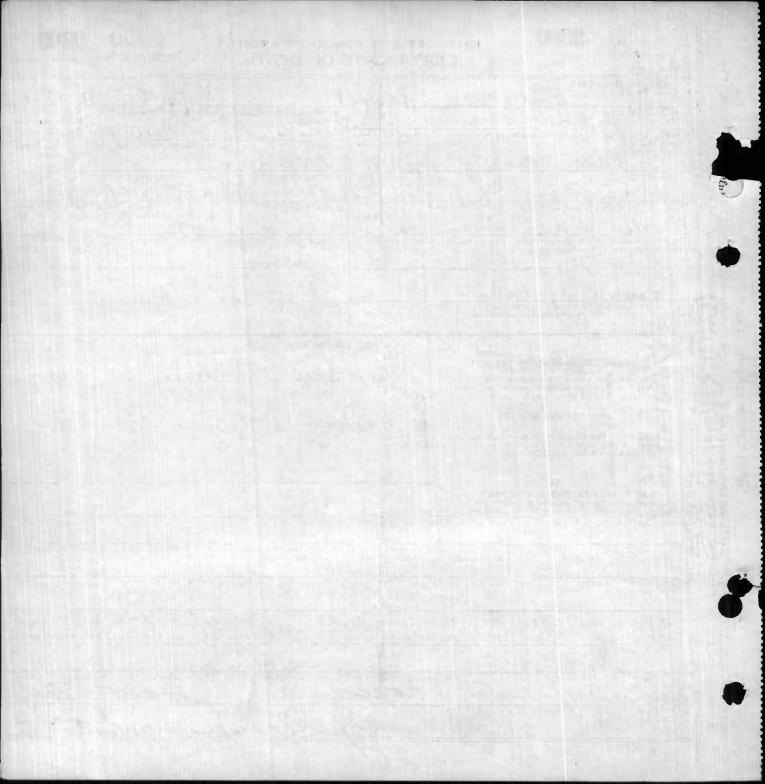
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BALTIMORE CITY HEALTH DEPARTMENT

50 9300 egistered No.

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В	IRTH NO.		CERTIFICAT	E OF DEATH	Register	ed No.
	NAME OF DECEASED	dstein	Rache	1	2. DATE OF DEATH O	ct 31, 1950
3 A	. PLACE OF DEATH: . Baltimore City, Maryland			4. USUAL RESIDENCE	Where deceased live	
B	FULL NAME OF (If not in holdspiral OR NSTITUTION	spital or institution	n, give street address or location)		If cutside corporate	limits, write RURAL and giv
	15 Church t	ome 4	Hospital	BAITIMOVE	1	Je hat
	Length of stay in Baltimor		Yrs. Mos. Days	31-7 1	f rural, give location ok Field	Ave.
5	SEX 6. COLOR OR RA	WIDOWE	MARRIED, D. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In year last birthday	rs fl Under 1 Year ff Under 24 Hours Min
1	OA. USUAL OCCUPATION (Give ki	nd of 10B, KIND	OF BUSINESS OR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF
	rk done during most of working life, even if ret		INDUSTRY	Resin		WHAT COUNTRY
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	Schlein	Masos			Brenda	
1	5. WAS DECEASED EVER IN U.S. AF	MED FORCES?	16. SOCIAL	17. INFORMANT	MENGH	ADDRESS
(X	es, no or nnknown) (If yes, give war or	dates of service)	SECURITY NO.			ADDICESS
	DISEASE OR CONDITION (This does not mean the meant failure, asthenia, etc. It	DEATH de of dying, e. g., means the disease,	(A) Cere	of DEATH E Gral Thron	rbosis	INTERVAL BETWEE ONSET AND DEAT
FICATION	injury or complication whi ANTECEDENT C DISEASES OR CONDITION RISE TO THE ABOVE CAUSE UNDERLYING CONDITION	AUSES IS, IF ANY, GIVING (A) STATING THE	(B) Hyper	tensive Cardio-	Vascular Di	sease years
IFIC	The state of the s		(C)			
CERTI	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR CONDI	BUT NOT RELATED				
1	19A. DATE OF OPERATION		FINDINGS OF OPER	RATION		20. AUTOPSY?
CAL	0					YES NO
1EDIC.		about home, far	CE OF INJURY (e. g., i m,factory,street,office bldg.,	n or 21c. WHERE DID (NJURY OCCUR?	(II in Baltimore C	ity, give exact location)
Σ	21D. TIME (Month) (Day) (YOF INJURY	WH	IE. INJURY OCCURR		RY OCCUR?	
	22. I hereby certify that I	attended the d	eceased from /C	1950 to	10/31	1950, that I last saw th
	deceased alive on 10/3		nd that death occur	red at 3 30 Am., from		on the date stated above
	23A. SIGNATURE			3B. ADDRESS	611/11	23c. DATE SIGNED
-	INReed C	arroll	M. D.	Church Home	4 Hospit	Al 10/31/20
T	HAN BURIAL, CREMA- CONTREMOVAL (Specify)	1-50	4C. NAME/O/ CEMETE	RY OR CREMATORY 24D.	LOCATION City,	town, or county) (State)
	OCAL REGISTRAR	AR'S SIGNATUR	Williams Mill	25. FUNERAL DIRECTOR	Qu. 210	APDRESS A



INTERVAL BETWEEN

township)

12. CITIZEN OF

USAHAT COUNTRY

(If in Baltimore City, give exact location)

that I last saw the

23c. DATE SIGNED

BURIAL, CREMA-REMOVAL Specify) burial

24B, DATE 10/31/50

Woodlawn Cemetery

24c. NAME OF CEMETERY OR OREMATORY

Baltimore, Md.

24D. LCCATION (City, town, or county)

DATE RECEIVED BY AL REGISTRAR

REGISTRAR'S SIGNATURE

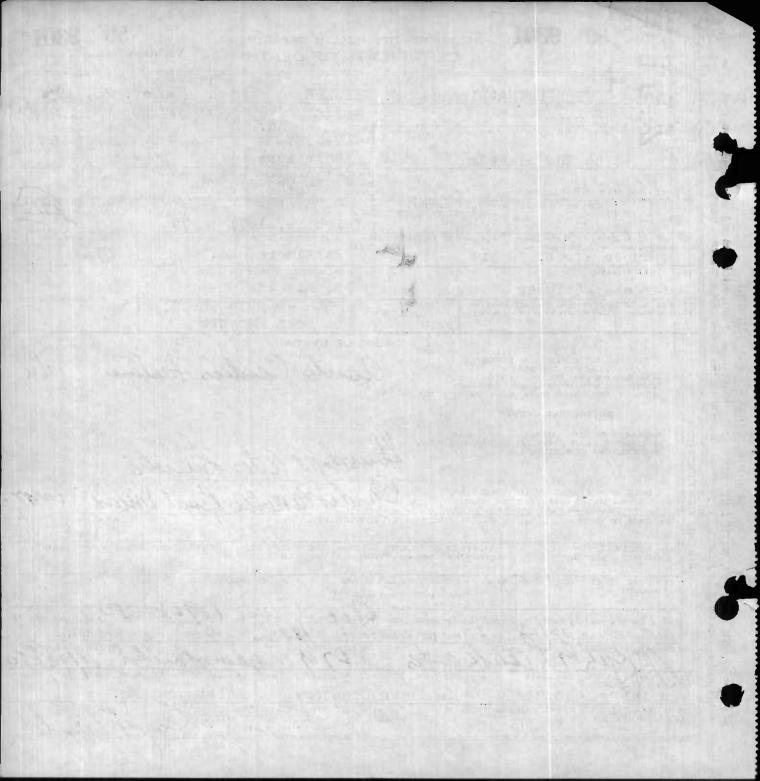
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

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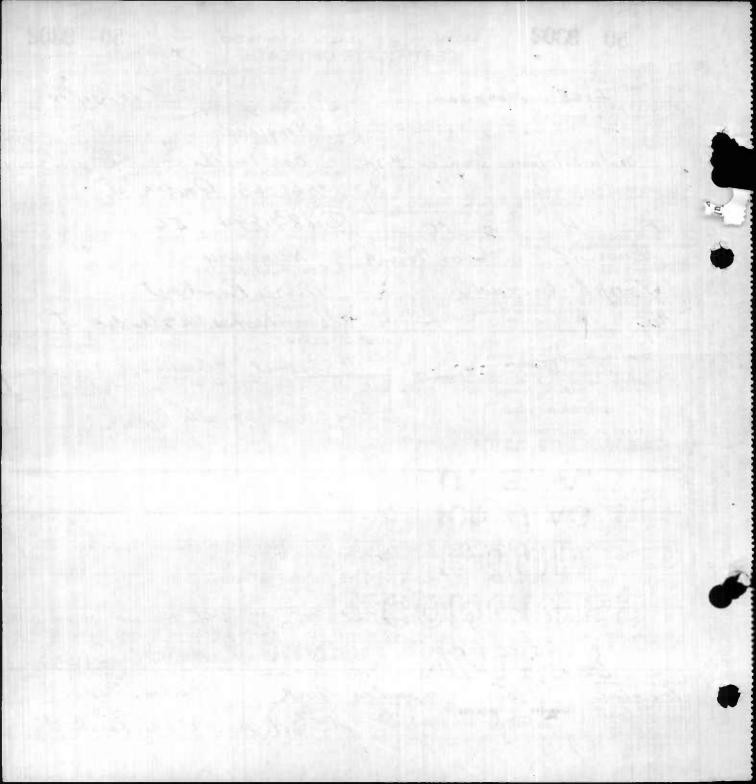
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OF DECEASED 2. DATE rint) OF Lrene DEATH 10 OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence ore City, Maryland A. STATE B. COUNTY before admission) IAME-OF (If not in hospital or institution, give street address or location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give ION South Daltimor Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1461-63 of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years) If Under 1 Year WIDOWED: DIVORCED (Specify last birthday) | Months Days | Hours Min. 11. BIRTHPLACE (State or foreign country) AL OCCUPATION (Give kind of) 108. KIND OF BUSINESS OR 12. CITIZEN OF gmost of working life, even if retired WHAT COUNTRY? INDUSTRY touse we R'S NAME 008 GEONUS CEASBO EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH ISEASE OR CONDITION DIRECTLY LEADING TO DEATH is does not mean the mode of dying, e.g., rt failure, asthenia, etc. It means the disease, ry or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) EASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING THE DUE TO DERLYING CONDITION LAST. (C) ... L RTI OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL YES NO 21B. PLACE OF INJURY (e.g., in or | (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDER about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 1912 19 that I last saw the 22. I hereby certify that I attended the deceased from Color 1952, and that death occurred at 2:15 deceased alive on Im., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED Sams 24A. BURIAL, GREMA-24B. DATE 24C. NAME OF CEMETERY OF CREMATORY 240. LOCATION (City, town, or county) suria ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR

LOCAL REGISTRAR



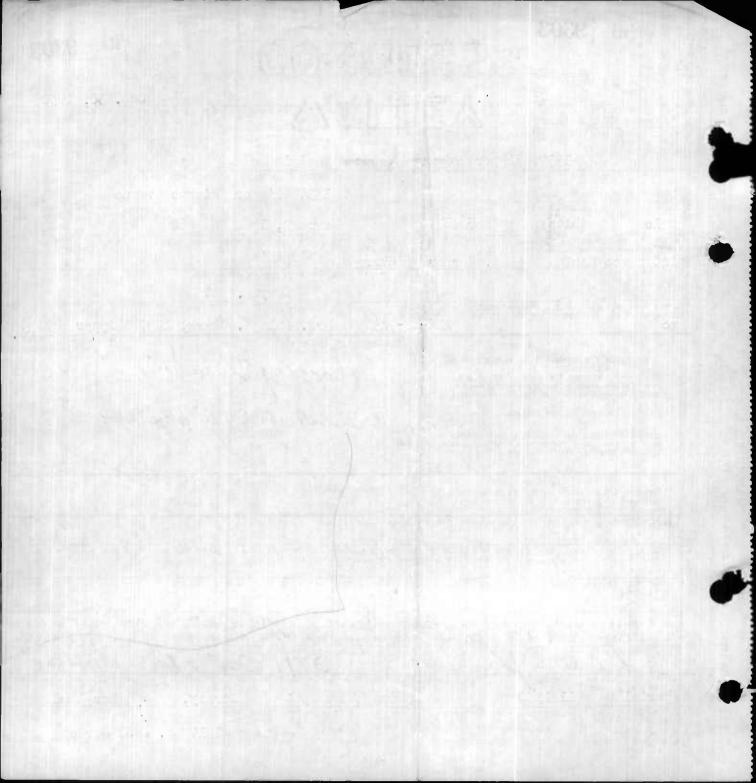
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BALTIMORE CITY HEALTH DEPARTMENT

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B	CERTIFICAT	E OF DEATH	Registered No. 9303
	NAME OF DECEASED Type or Print) Joseph S. Clark		OF Oct 20 7050
3	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where of A. STATE	deceased lived. If institution: residence B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 1337 Clipper Heights Avenue	- W	e corporate limits, write RURAL and give township)
c	Yrs. Mos. Days	D. STREET ADDRESS (If rural, 1337 Clipper Heigh	
	.SEX 6.COLOR DR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9. A	GE (In years of Under I Year of Under 24 Hours Min.
WOI	A. USUAL OCCUPATION (Givekieded 10B. KIND OF BUSINESS OR INDUSTRY Intenance Man FATHER'S NAME	11. BIRTHPLACE (State or foreign Virginia	country) 12. CITIZEN OF WHAT COUNTRY?
	?	14. MOTHER'S MAIDEN NAME Mary E. ?	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 216-09-945?	17. INFORMANT Mrs. Lula M. Clark	ADDRESS , 1337 Clipper Hghts.
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED	conserve Chrome	Hypertensory ?
CAL C	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
EDI	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, form, factory, street, office bldg., CAUSE OF DEATH	o or 21c. WHERE DID (If in E	YES ND Saltimore City, give exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT WORK NOT WHILE AT WORK		UR?
2	4A. BURIAL CREMA-1 24B. DATE 124C NAME OF CEMETE	rred at 6 3Pm., from the car 33B. ADDRESS	uses and on the date stated above. 23c. DATE SIGNED 10 - 30 to ON (City, town, or county) (State)
D	DON, REMOVAL (Specify) DULLAL (Specify)	dge Dorsey	
1	CT 3 1 1950 Vs 150	Am. Cook no. 1217	St. Paul Street
11	0344		0930



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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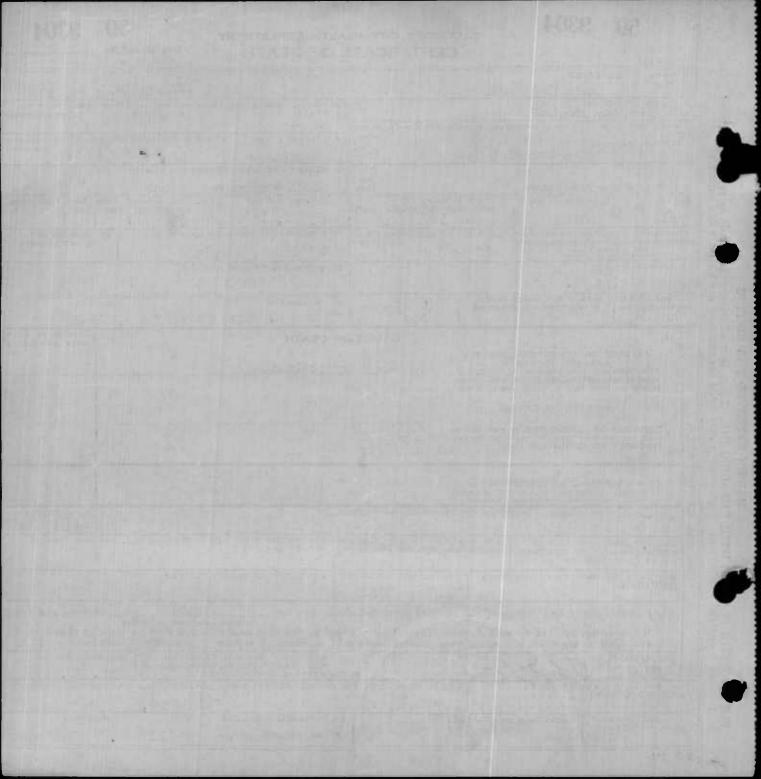
BI	RTH NO.		CERTIFICAT	E OF DEATH	4 Registere	d No.
	NAME OF DECEASED 'ype or Print) CHARLES	RYAN			2. DATE OF DEATH OCT	ober 29, 1950
	PLACE OF DEATH: Baltimore City, Maryland			A. STATE	NCE (Where deceased lived B. COUNTY	. If institution : residence
HO	OSPITAL OR ISTITUTION		ion, give street address or location)		(If outside corporate li	mits, write RURAL and give township
	Union Mem	orial Hos	pital. Yrs.	Baltimore		/ (ast)
	Length of stay in Baltimor		Mos. Days	11.01 Wood	ss (If rural, give location) bourne Avenue	
	nale white	WIDOW	E, MARRIED, VED, DIVORCED (Specify)	July 24, 180	last birthday)	H Under 1 Year H Under 24 Hours Min
10 rork	A. USUAL OCCUPATION (Give kind done during most of working life, even if ref	ired) 108. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (St. Baltimore,	tate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	n		14. MOTHER'S MAIL	DEN NAME	
15 Yes	. WAS DECEASED EVER IN U.S. Al a, no or unknown) (If yes, give war or	RMED FORCES?	16. SOCIAL SECURITY NO. NONE	17. INFORMANT	yan, Park Lynn .	ADDRESS Apartments
ATION	DISEASE OR CONDITION LEADING TO I (This does not mean the me heart failure, asthenia, etc. It injury or complication whith the second of the	DEATH de of dying, e. means the disease ch caused death AUSES IS, IF ANY, GIVII (A) STATING TI	g., (A) Corona se, L) DUE TO	of DEATH		ONSET AND DEAT
ERTIFICA	OTHER SIGNIFICANT CO TRIBUTING TO THE DEATH, TO THE DISEASE OR COND!	BUT NOT RELATE	ED			
7	19A. DATE OF OPERATION	198. MAJOR	FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTE	B. about home,	ACE OF INJURY (e. g., i farm, fectory, etreet, office bldg.,			y, give exact location)
ME	21D. TIME (Month) (Day) (YOF INJURY		21E. INJURY OCCURR WHILE AT NOT WHILE	ED 21F. HOW DID	INJURY OCCUR?	
	Autopsy, Inspection or Inquiry				the day stated above	
	the evidence obtained by said Autopsy, Inspection or Inquiry, find and death in my opinion resulted from: natural causes A. acciden 23A, SIGNATURE 23B, CHI				uicide [], homicide []), undetermined □. 23c. DATE SIGNED
24	William V gove	TE I	M 24C. NAME OF CEMETE	.D. MEDICAL INVES	DICAL EXAMINER A STIGATOR City, to	Oct. 30, 1950 wn, or county) (State)
TIC	ON REMOVAL (Specify)	50	Oak Lawn		Baltimore,	Magricus
	ATE RECEIVED BY REGISTS	AR'S SIGNATU	on plians, 1/1	Nm. Coole	CTOR	ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT

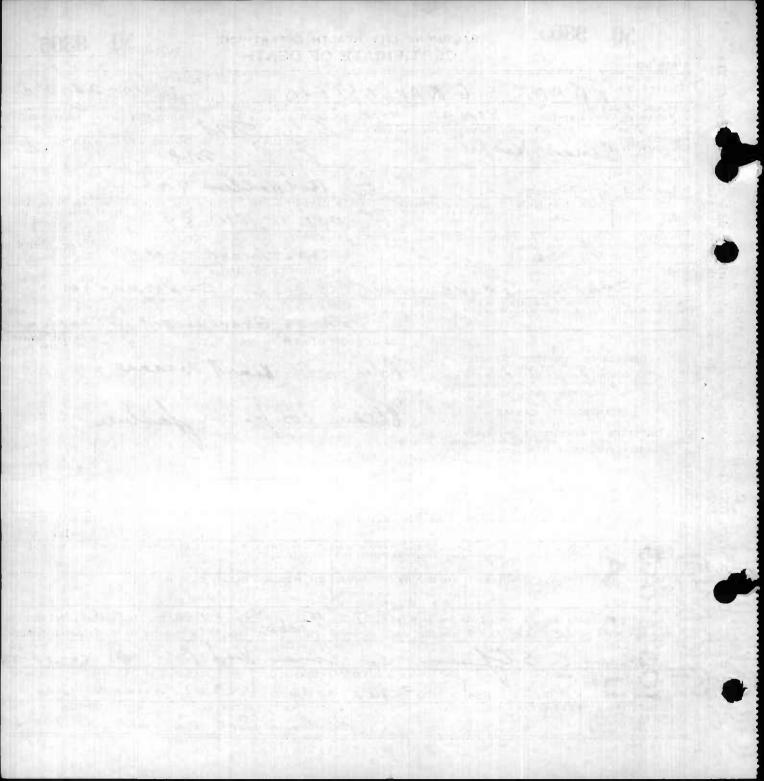
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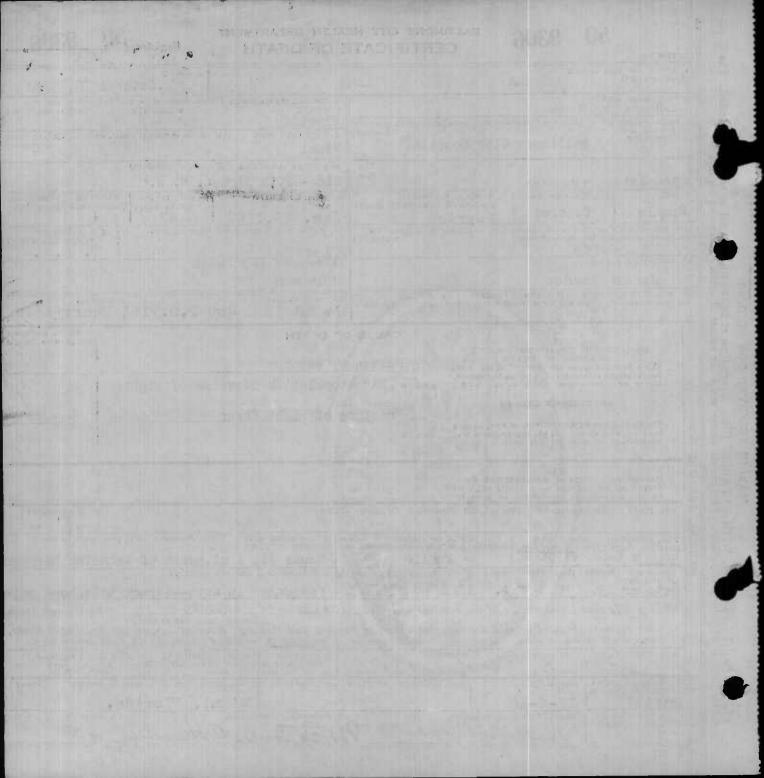
	BIRTH NO. CERTIFICATE OF DEATH Registered No.								
	(T;	NAME OF D	FRANK	G	KAVENIS	TEIN	2. DATE OF DEATH	28-5-6	
	A.	3. PLACE OF DEATH: A. Baltimore City, Maryland - SINAI HOSP. B. FULL NAME OF (If not in hospital or institution, give street address or				A. STATE	(Where deceased lived. If in	stitution : residence before admission)	
	HC	HOSPITAL OR INSTITUTION Scrai Respectation location)			c. CITY OR TOWN (If butside corporate limits, write RURAL and give township)				
	c.	Yrs. Mos. c. Length of stay in Baltimore Days			D. STREET ADDRESS (If rural, give location) 1604 Kollina que Holl MS				
	6. COLOR OR RACE 7. SINGLE MARRIED. WIDOWED, BIVORCED (Specify)			8. DATE OF BIRTH OCT. 15, 189	last birthday) Mont	der i Year H Under 24 Hours hs Days Hours Min.			
	10A. USUAL OCCUPATION (Give kind of work dune during most of working life, even if retired) HUCKSTER OWN			11. BIRTHPLACE (State of		2. CITIZEN OF WHAT COUNTRY?			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN					
	FRANK GRAVENSTEIN			BELLE	CUNNINGA	Vanv			
	Yes	, no nr nnknown)	ED EVER IN U.S. ARME (If yes, give war nr dat	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		RESS AVE.	
						JAMES GRAI	VENSTEIN 182		
		18. 416	X		CAUSE	OF DEATH		ONSET AND OBATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Rheumatic fact dures.								
		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
		injury or complication which caused death.) DUE TO							
	z	ANTECEDENT CAUSES (B) Chronic confes time forelure							
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO								
	UNDERLYING CONDITION LAST.								
	(C)								
	OTHER SIGNIFICANT CONDITIONS CON-								
1	UNITED NOTICE	TRIBUTING TO THE CEATH, BUT NOT RELATED TO THE CISEASE OR CONCITION CAUSING IT.							
Ш		19A. DATE OF OPERATION . 19B. MAJOR FINDINGS OF OPERATION					20. AUTOPSY?		
	O O				YES NO				
	MEDIC	ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, atreet, nffice bldg., e		(If in Baltimore City, give	e exact location)	
	2		(Month) (Day) (Year) (Hour)	21E. INJURY OCCURRE	ED 21F. HOW DID INJU	IRY OCCUR?		
OF INJURY WHILE AT NOT WHILE MORK AT WORK									
		22. I hereby certify that I attended the deceased from 7 - 4, 1950, to 10-28, 1950 that I last saw the deceased alive on 10-28, 1950, and that death occurred at 528 Pm., from the causes and on the date stated above.							
		23A. SIGNATURE 23B. ADDRESS. 1/ / 23C. DATE SIGNED							
	24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24C. LOCATION (City, town, or county) (State)							
TION REMOVAL (Specify)							BALTIMORE		
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR, ADDRESS LOCAL REGISTRAR (1217 ST.									

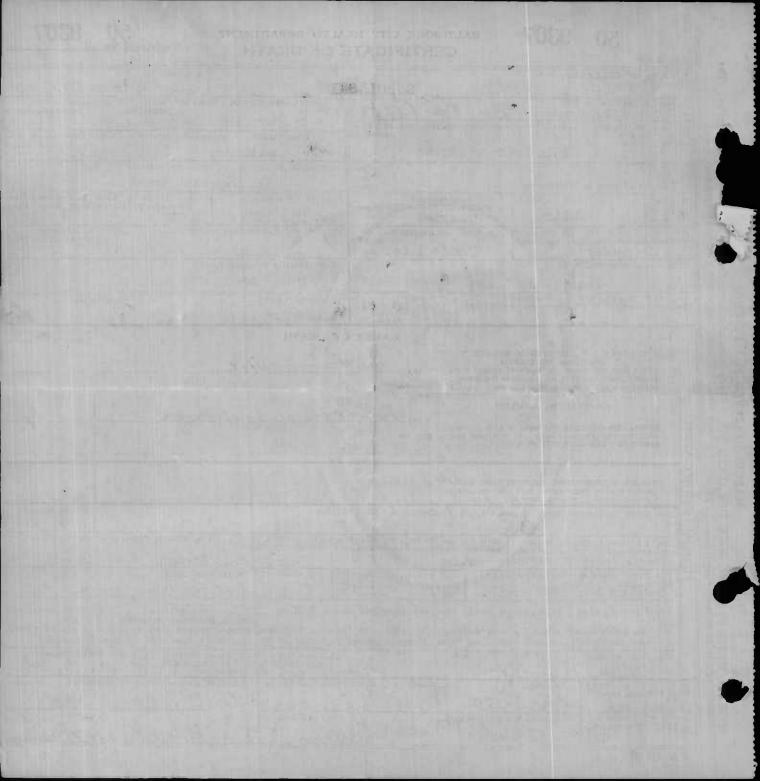
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19 10, that I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) (State) DDRESS

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If Under 1 Year

ADDRESS

Months: Days Hours! Min. 2/2

WHAT COUNTRY

INTERVAL BETWEEN

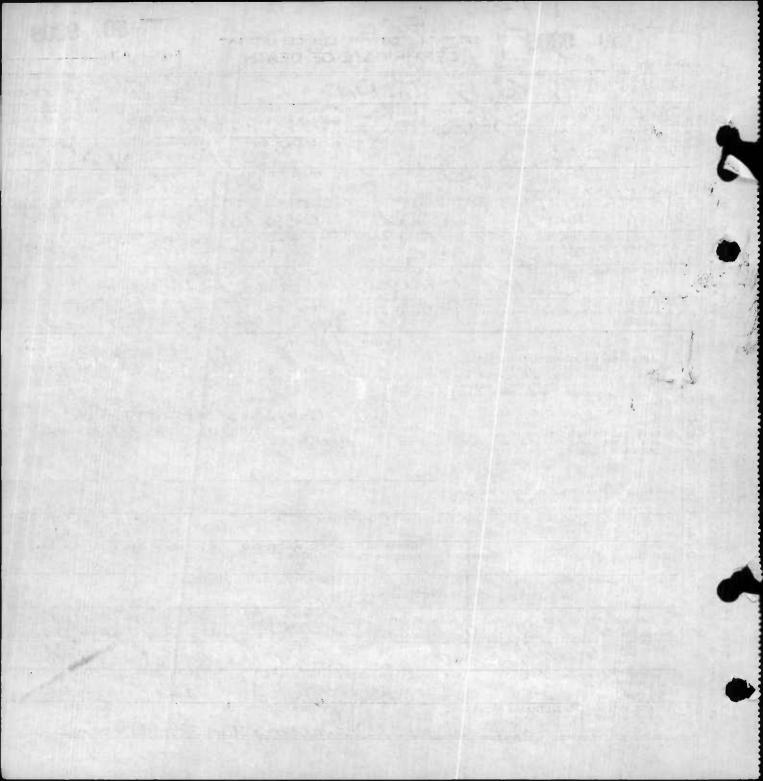
ONSET AND DEATH

20. AUTOPSY?

12. CITIZEN OF

township)

Anna 15042 Li 10/29/50 2031 L. PRATT 2031 E PRATT ST. BALTIMERE Homale 81 file To ecter al Russian Housewife Home not prion Treet fenera-The Clima Daymanshi Buried 1/2/50 Wely hindy passion Ethnedy The



BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.		CERTIFICAT	E OF DEATH	Registered	No.
	NAME OF DECEASED ype or Print)	Frances	R. Foreman		2. DATE OF DEATH	19-29-50
Α,	PLACE OF DEATH: Baltimore City, Maryland		timore	4. USUAL RESIDENCE A. STATE Md		
HC	FULL NAME OF (If not in hos DSFITAL OR STITUTION		location)	C. CITY OR TOWN		nits, write RURAL and giv
C.	2017 Mary Length of stay in Baltimore	land Ave	Yrs. Mos.	Baltimor D. STREET ADDRESS 2017 Md. Ave	(If rural, give location)	
	SEX 6. COLOR OR RAC	E 7. SINGL	E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Il Under 24 Hours Months Days Hours Min
	A. USUAL OCCUPATION (Give hiodoco during most of working life, even if retire Housewife	ed)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Unknow			14. MOTHER'S MAIDEN Unknow	NAME	
15 Yes	. WAS DECEASED EVER IN U. S. ARI	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Charles O Fore		ADDRESS ryland Ave
ERTIFICATION	LEADING TO DI (This does not mean the mod heart failure, asthenia, etc. It r injury or complication which antecedent capacitation of the above cause of the above cause of the completion of the capacitation of the significant conditions.	e of dying, e. ceans the disea caused deat USES , IF ANY, GIVI A) STATING 1 LAST.	(B)	insuras of the	brest	15 mgs.
CE	TRIBUTING TO THE DEATH, B TO THE DISEASE OR CONDIT 19A. DATE OF OPERATION	ON CAUSING		RATION		20. AUTOPSY?
3	A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		(If in Baltimore City	r, give exact location)
ME	2 D. TIME (Month) (Day) (Ye	ar) (Hour)	21E. INJURY OCCURR WHILE AT NOT WHILE WORK AT WORK		JRY OCCUR?	
	I hereby certify that I ceased alive on Oy LA. SIGNATURE	ittended the	e deceased from and that death occu	rred at 11:47/2, m., from 238. ADDRESS 2324 Restant	n the causes and on	the date stated above 23c. DATE SIGNED OFF 30, 1960
tic	SURIAL, CREMA- 248. DATI		24c. NAME OF CEMETI	ERY OR CREMATORY 24D	LOCATION (City, to	vn, or county) (State)
	RECEIVED BY REGISTRA	R'S SIGNAT	We Waster, Mist	25 FUMERAL DIRECTO		address
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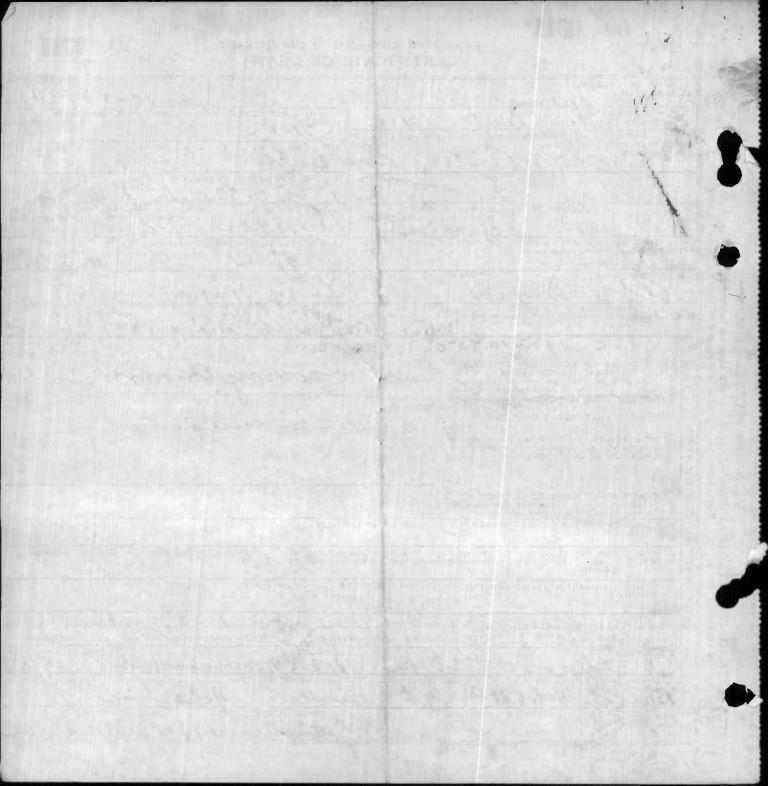
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BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
1. NAME OF DECEASED (Type or Print)	Dixon	2. DATE OF DEATH / 0 - 2 \$ / 5 7
A. Baltimore City, Maryland Ball		E (Where deceased lived, If institution: residence B. COUNTY before admission
HOSPITAL OR INSTITUTION 13 07 21 (2)	- hel our Ball	(If outside corporate limits, write RURAL and gi
c. Length of stay in Baltimore 2/	Wrs. O. STREET ADDRESS Days 1307 n.	Gentral are
	IGLE, MARRIED, Specify) 8. DATE OF BIRTH 200WED, DIVORCED (Specify) 7-4-196	9. AGE (In years II Under 1 Year II Under 24 He last birthday) Months Days Hours Mi
10A. USUAL OCCUPATION (Give kind of work doug during most of working life, even if retired)	GEN. 11. BIRTHPLACE (State	e or foreign country) 12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME Ditor	14. NOTHER'S MAIDE	t wa low
15. WAS DECEASED EVER IN U.S. ARMED FORCE: (Yes, no or unknown) (If yes, give war or dates of service)	S? 16. SOCIAL SECURITY NO. 17. INFORM NT	Deany 13 2 2 1 Com
18. S.C. 703-10.	505 CAUSE OF DEATH	INTERVAL BETWE ONSET AND DEA
LEADING TO DEATH (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dinjury or complication which caused d	e. g., (A) Sonor	y thromboard sulle
ANTECEDENT CAUSES Z DISEASES OR CONDITIONS, IF ANY O	(B) Wrlews-Se	luosis
RISE TO THE ABOVE CAUSE (A) STATING UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS	(C)	
TRIBUTING TO THE DEATH, BUT NOT RE TO THE DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. MA.		20. AUTOPSY?
A	SON THE MOST OF ENAMEDIN	YES NO
	PLACE OF INJURY (e. g., in or ome, farm, factory, etreet, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)
210. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED 21F. HOW DID IN	JURY OCCUR?
OF INJURY	WHILE AT NOT WHILE	
22. I hereby certify that I attended	the deceased from 9-2/ 57050, to	o 10-29, 1950, that I last saw to
22. I hereby certify that I attended	m. WORK L. AT WORK L.	om the causes and on the date stated about 23c. DATE SIGNE
22. I hereby certify that I attended deceased alive on 40.27, 195	the deceased from 9-2/50, to and that death occurred at 5 m., fr	on the causes and on the date stated about the causes are caused about the cause are caused about the ca
22. I hereby certify that I attended deceased alive on 1951 23A. AGNATURE 24A. FURIAL, CREMA- TION PEMOVAL (Specify) PARTY OF THE PROPERTY OF	the deceased from 9-2/57050, to and that death occurred at 5 m., fr	om the causes and on the date stated about 23c. DATE SIGNE 28/5-4D. LOCATION (City, town, or county) 7. Carline



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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9312 Registered No.

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BII	RTH NO.						
	NAME OF D ype or Print)		WESLEY	(HAMLET)	HAMMOND		tober 27, 1950
B. HC	FULL NAME	City, Maryland OF (If not in hospital		ion, give street address or location)	4. USUAL RESIDENCE A. STATE Maryland c. CITY OR TOWN	Anne Arundel	bcfore admission) L nits, write RURAL and give
INSTITUTION South Baltimore General Hospital			Linthicum Hei	<u> </u>	township)		
-		tay in Baltimore		Yrs. Mos. Days	Hanover Road		
	sex [ale	6.COLOR OR RACE Colored	WIDOW	E. MARRIED. YED, DIVORCED (Specify) Arried	8. DATE OF BIRTH May 10. 1910	9. AGE (In years last birthday)	Months Days Hours Min.
rork	done during most	CUPATION (Give kind of f working life, even if retired)	10B 7 18	OF BUSINESS OR INDUSTRY	Stoney Ruh, Ma 14. MOTHER'S MAIDEN	ryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
	James	W. Hammond			Mary Gamble		
15 Yes	. WAS DECEASE , no prounknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Hazel Hammond	Linthicum H	eights, Md.
RTIFICATION	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING	a not mean the mode of re, asthenia, etc. It mea complication which of antecedent CAUSES OR CONDITIONS, IF ABOVE CAUSE (A) (YING CONDITION LA)	ms the disease aused death SES FANY, GIVIN STATING THEST.	DUE TO Ab (B) Fractu (B) (C)	le fractures, la rasions, and con re of neck		
CE		F OPERATION 1		FINDINGS OF OPER	RATION		20. AUTOPSY?
EDICAL	UNDERLYIN	NAL CAUSE WAS G M OR CONTRIB- TAUSE OF DEATH.	21B. PLA	ACE OF INJURY (e. g., larm, factory, street, office bldg., Road	Crane Highway	y, 3½ mi.S.of	, give exact location)
Σ	of injury October	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK		struck by au	ito
	the evand de	fy that I took char idence obtained by ath in my opinion	ge of the	remains described of ppsy, Inspection or interest cause	nbove, held an Insp. Autops Inquiry, find that said accident X , suicident A ASSISTANT MEDICA	& Inquiry y, Inspection or Inquir deceased died on de □, homicide □ L EXAMINER□ LL EXAMINER□	thercon and from
24	A. BURIAL, ON REMOVAL (S	CREMA- 24B. DATE			I.D. MEDICAL INVESTIG	ATOR LOCATION (City, tov	

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

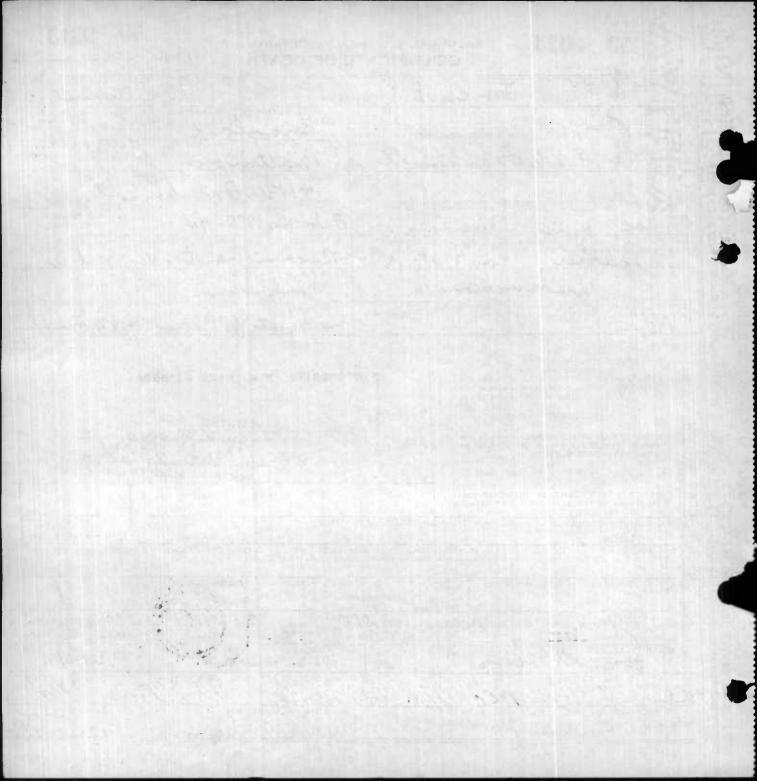
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Registered No. 1. NAME OF DECEASED 2. DATE James Brown. OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City. Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or location) (If outside corporate limits, write RURAL and give Yrs. Mos. c. Length of stay in Baltimore Days 9. AGE (In years I Under I Year last birthday) Months Days Hours Min. 6. COLOR OR RACE WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no.pr. (aknown) (if yes, give war or dates of service) 16. SOCIAL SECURITY NO. Brown. 1418W. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Hypertensive Thre Heart Disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES ILAHUN AFFAUELD EL DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. THEF OR ASST. MEDICAL EXAMINER OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 20. AUTOPSY none 21A. ACCIDENT, SUICIDE, 218, PLACE OF INJURY (e. g., in or 21c, WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE! WHILE AT 22. I hereby certify that I attended the deceased from 10/28 , 19 50 to 10/28 , 19_5, that I last saw the ... 19....... and that death occurred at 3:30p.m., from the causes and on the date stated above. deceased alive on 10/30/50 23A. SIGNATURE 23B. ADDRESS Calhoun St. 601 N. BURIAL, CREMA DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR Thurtington

VS 150

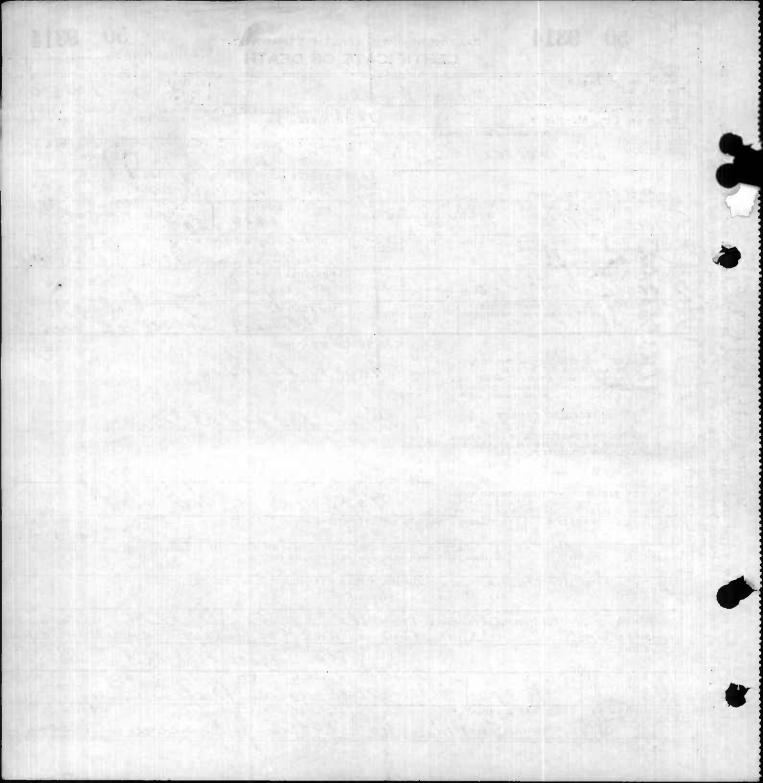
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	E OF DEATH Registered No.				
1. NAME OF DECEASED Miss Anna Gleas	On 2. DATE OF 10 - 30 - 50				
S. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)				
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION BON SECONDS HOSPITAL	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				
c. Length of stay in Baltimore Yrs. Days	1839 W. Dallimore St.				
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years li Under I Year Months: Days Hours Min.				
10A. USUAL OCCUPATION (Givekiod of work doped up to most of working life, even if retired) 13. FATHER'S NAME	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yea, DO or unknown) (If yea, give war or dates of service) SECURITY NO.	17/10/ OKMANT / ADDRESS				
	florence Melal year Rd				
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthemia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-	of DEATH art failure Exios plands is.				
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	MOSENE OF LESS 120. AUTOPSY? YES NO PORT				
21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	in or 21C. WHERE DID (If in Baltimore City, give exact location)				
21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY m. WHILE AT WORK AT WORK					
22. I hereby certify that I attended the deceased from 10-23, 195 Ato 19-30, 1950, that I last saw deceased alive on 10-30, 1956, and that death occurred at 8.50 pm., from the causes and on the date stated about 23A. SIGNATURE 23B. ADDRESS M.D. DO DECOURS HOSPILA 10-30-50					
24A. BURIAL, CREMA: 24B. DATE 24F. NAME OF CEMETE TION. REMOVAL (Specify)	THE draft Ballicon (City, town, or county) (State)				
DATE RECEIVED BY REGISTRAR'S SIGNATURE OCT 3 1950	25 FUNERAL DIRECTOR LOCUCIU VIAL				
VS 150	097.0				



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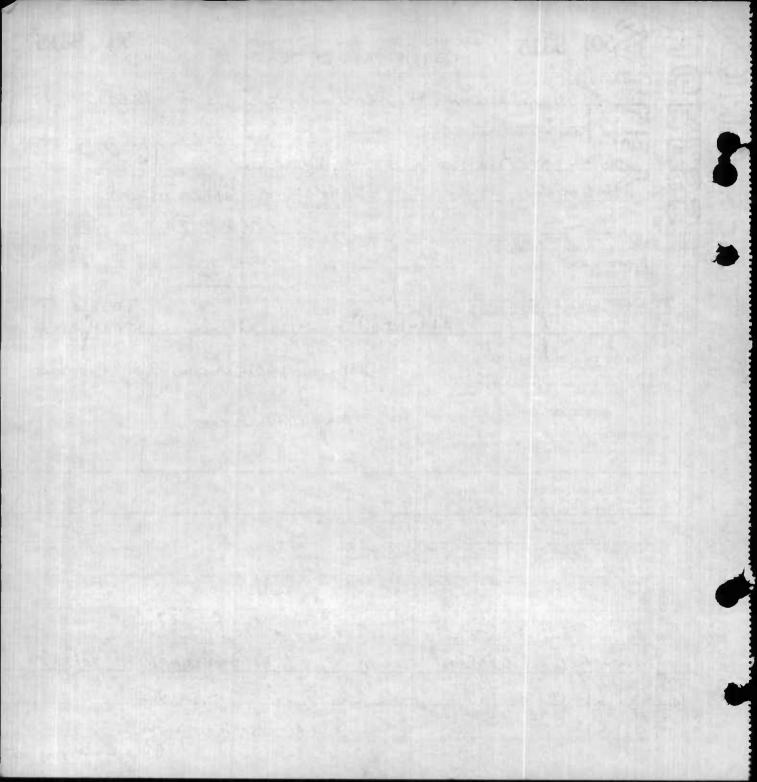
BALTIMORE CITY HEALTH DEPARTMENT

50 Registered No. 9315

BIRTH NO.		CE	KIIIICAI	E OF DEATH		
1. NAME OF DI (Type or Print)	Will	lliam	H. Ro	binson	2. DATE OF DEATH	et 29 1950
3. PLACE OF DI	EATH: Sity, Maryland			4. USUAL RESIDENCE	E (Where deceased lived B. COUNTY	. If institution residence before admission)
B. FULL NAME OF HOSPITAL OR INSTITUTION		al or institution, gi	ve street address o location	1	4.4	mits write RURAL and give
A:0	634 m.	Silmo	e of	Balto	16	township)
FALL STATE	III		Yrs. Mos.	D. STREET ADDRESS	(If rural, give location	
c. Length of st	tay in Baltimore		Days	634n.	Silmore	水
5. SEX	6. COLOR OR RACE	7. SINGLE, MA WIDOWED, D	RRIED. IVORCED (Specify	8. DATE OF BIRTH	9 AGE (In years last birthday)	Months Days Hours Min.
10A. USUAL OCC	CUPATION (Give kind of f working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTR'	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
2000	ABORE!	000	JUBI	2a		U.S.R.
13. FATHER'S N	AME			14. MOTHER'S MAIDE	N NAME	
(Yes, no or unknown)	D EVER IN U.S. ARMED (If yes, give war or dates	FORCES? 16.	SOCIAL SECURITY NO	17. INFORMANT		ADDRESS
100 1/100	. /	2	4-02-02.	mothical	examede 15	INTERVAL BETWEEN
18. 420	11/1		CAUSE	OF DEATH		ONSET AND DEATH
The second second	E OR CONDITION LEADING TO DEAT	ГН	(m	and willer	· les in	2 840
heart failur	not mean the mode o	ns the disease,	(A)	104000 10000	W KARO	a we
injury or	complication which c	aused death.)	DUE TO			
	ANTECEDENT CAUS	ES		Nuhoutous	151	?
Z DISEASES	OR CONDITIONS, IF	ANY, GIVING	(B)	i vyjavou.	~~~	
	HE ABOVE CAUSE (A)	STATING THE ST.	DUE TO	10		
UNDERLY			(C)	······································	•••••	
E	П			also to the second		
W TRIBUTING	IGNIFICANT CONDI	NOT RELATED				
	F OPERATION 6 1	9B. MAJOR FINI	DINGS OF OPE	RATION		20. AUTOPSY?
		JE. MAJOR THE		17.1014		YES NO
LYING OF	ENT WAS UNDER- R CONTRIBUTING	21B. PLACE Cabout home, farm, far	FINJURY (e. g.,	in or 21c. WHERE DID etc.) INJURY OCCUR?	(If in Baltimore Cit	y, give exact location)
Z 1D. TIME (Month) (Day) (Year)	(Hour) 21E.	NJURY OCCURE	ED 21F. HOW DID IN	JURY OCCUR?	
OF INJURY		m. WHILE				
22. I hereby	y eertify that I att			est 30, 192, to	00179 1	that I last saw the
	ive on Self 30	•			om the causes and or	n the date stated above.
236. 31GNA		hepperd		238. ADDRESS	Julton an	23C. DATE SIGNED
24A BURIAL C	REMA 248 DATE			ERY OR CREMATORY 2	4D. LOCATION (City, to	wn, or county) (State)
Berr	all 10 3	1501 50	at au	burn	mel	
LOCAL REGIST	RAR M	SHIGNATURE	of Advantage	25. FUNERAL DIRECT	OR	ADDRESS
OCT 3 1 19	50 many	row / yearasi	A PARTY AND A PART	Des. A.	Kelson	1303
VC 1EO			THE PERSON NAMED IN CO.		1	A A

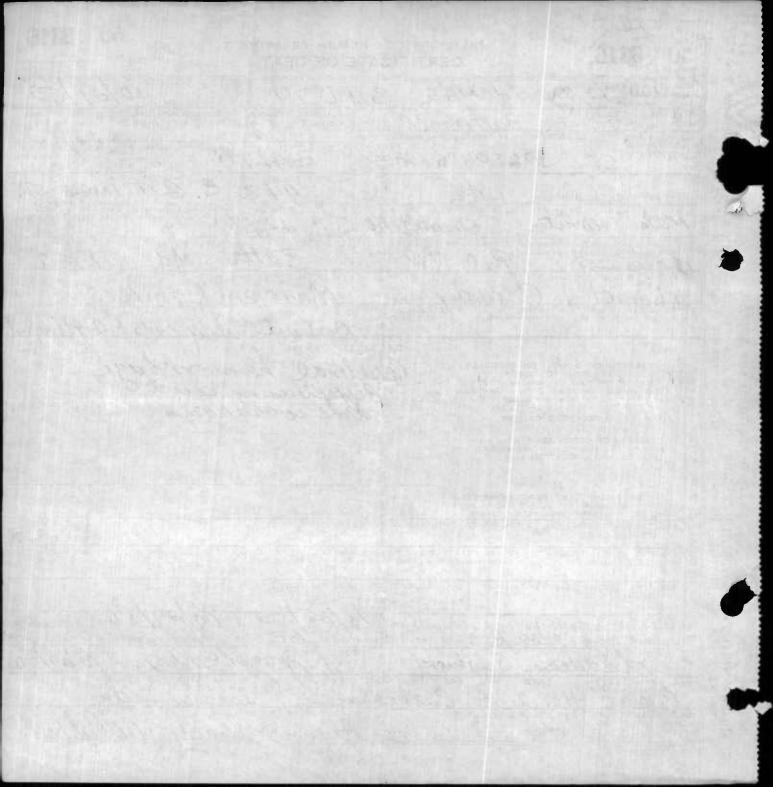
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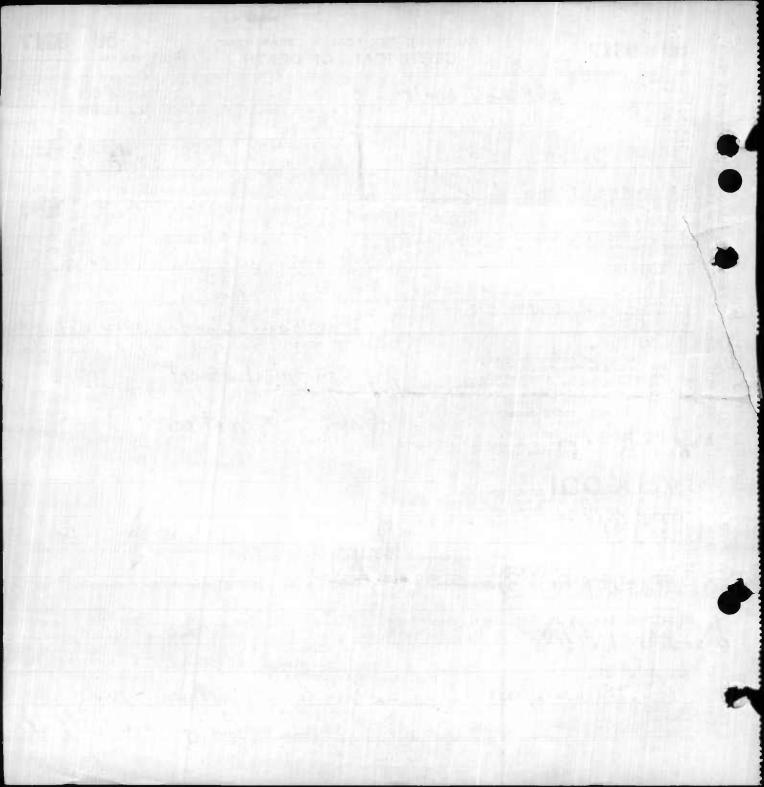
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50 9316

	RTH NO.	10		CERTIFICA	TE OF DEAT	H , Ke	gistered No.	
1	NAME OF D	JOHN	THOM	AS C	UDDY	2. DATI OF DEAT	(0/e	39/50
3. A.	PLACE OF D Baltimore (EATH: City, Maryland	Balti	more	4. USUAL RESIDI	ENCE (Where decea	sed lived. If inst	itution: residence before admission)
HC	FULL NAME	ν,		on, give street address location	n) C CITY OR TOWN	(If outside con	porate limit, w	rite CURAL and give
IN	STITUTION	57-30	SVEP14	'6 140SP	BAI	.70.	6	township)
C.	Length of s	tay in Baltimore	Life	e. Yr Mo Da	8. 114	S (If regal, give	PITTIA	165 ST.
5.	Mala	6. COLOR OR RAC	7. SINGLE WIDOW	MARRIED, PED, DIVORCED (SIN	July 16.16		(In years it Under irthday) Months	Bys Hours Min.
10 work	NI - V	CUPATION (Give kind If working life, even if retire	BY O.	OF BUSINESS OR	11. BIRTHPLACE (State or foreign coun	d. 12.	CITIZEN OF WHAT COUNTRY?
13	Micho	NAME TO	rudo	21	14. MOTHER'S MA	DIN A	ndon	6
15 (Yes		ED EVER IN U. S. ARM		16. SOCIAL SECURITY NO	17. INFORMANT	ell na	ADDE	RESS
-	4 0				Barbara	Cuddy -	443 E.C	RittingsSt.
	18. 33	, ,		CAUS	E OF DEATH	0	. /	ONSET AND DEATH
13		E OR CONDITION LEADING TO DE not mean the mode	ATH	Les	elval h	Emors	Mage	-
	heart failu	re, asthenia, etc. It n	eans the diseas	e,	ebral heypertense	us au	do	
		ANTECEDENT CA			crterios	clerosio	a	a stall a
ATION	RISE TD 1	S OR CONDITIONS THE ABOVE CAUSE (YING CONDITION	A) STATING TI	1G				
RTIFICA				(6)				
CERTI	TRIBUTIN	II SIGNIFICANT CON S TO THE DEATH, BU DISEASE OR CONDITI	T NOT RELAT	N- ED				
L	-	OF OPERATION		FINDINGS OF OF	PERATION			20. AUTOPSY?
EDICA	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. farm, factory, street, office bl			more City, give	exact location)
M	21b. TIME OF INJURY	(Month) (Day) (Yes		21E. INJURY OCCU		NJURY OCCUR	7	a Tillian
			m.	WORK LAT WO	1 /3 C/	INTO	19/50	
		live on 10	ttended the	deceased from	curred at 6Pm.	from the causes		hat I last saw the date stated above.
	23A. SIGNA	addeus	Siw	inst:	23B. ADDRESS	eph 5/4	. 17	10/89/50
2.4 TI	AA. BURIAL.	CREMA- 248. DATE			TERY OF CREMATORY	13alla	(City, town, of	county) (State)
	ATE RECEIVE DCAL REGIST	RAR 050	- A/		25. EUNERAL DIE	Floming	142/ h	PARSON I
	VS 150	JUL THERE	8	544 5)	7	11101	830
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before admission)

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

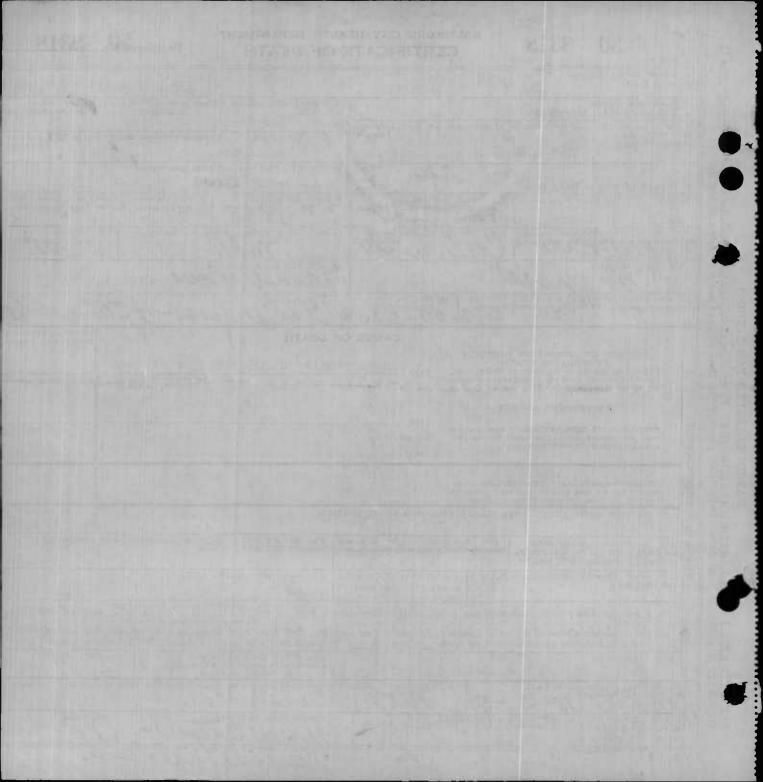
20. AUTOPSY?

ADDRESS

Oct.

ADDRESS

township)



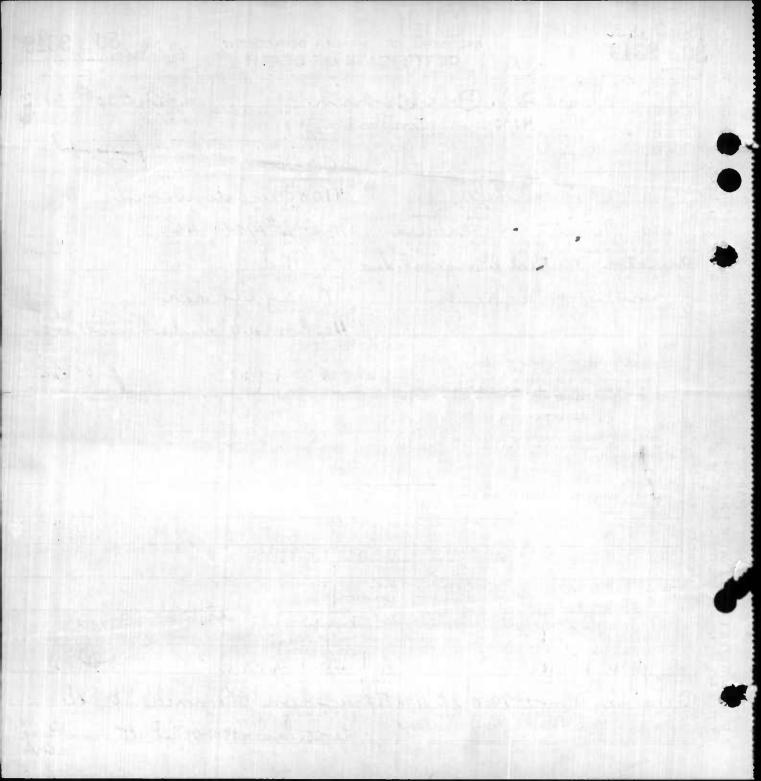
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BALTIMORE CITY HEALTH DEPARTMENT

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Registered	No.	

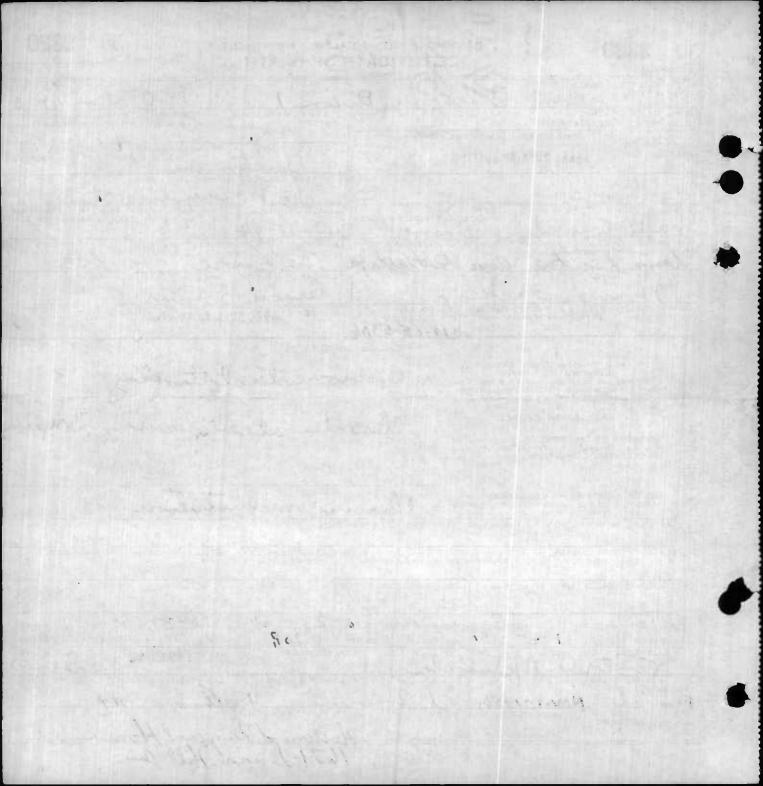
Y	BIRTH NO.	CERTIFICAT	E OF DEATH	Registered No	
	1. NAME OF DECEASED (Type or Print)	1. Oberstock	01-00	2. DATE OF DEATH OLT 3	satt 1950
	3. PLACE OF DEATH: A. Baltimore City, Maryland	180 Florenton Ros	4. USUAL RESIDENCE (W		stitution : residence before admission)
	B. FULL NAME OF (If not in hospit HOSPITAL OR INSTITUTION	tal or institution, give street address or Flower for Agration)	C. CITY OR TOWN (If	outside corporate limits,	write ROR and give township)
	<u> </u>	Yrs.	D. STREET ADDRESS (If r	ural, give location)	
	c. Length of stay in Baltimore	Mos. Days	4100 Florent	onload	
	Male White	7. SWGLE, MARRIED, WIDOWED, DIVORCED (Specify)	May 6 1904	9. AGE (In years Illin last birthday) Mont	nder I Year II Under 24 Hours the Days Hours Min.
A	10A. USUAL OCCUPATION (Give kind of york done during most of working life, even if retired)	10B. KIND OF BUSINESS OR	11. BIRT PLACE (State or for	reign country) 1	2. CITIZEN OF WHAT COUNTRY
-	13 FATHER'S NAME	t depermentables	14. MOTHER'S MAIDEN NA	ME	
	John abends	rhein	Mary Ra	der	
	(If yes, give war or date	D FORCES? 16. SOCIAL SECURITY NO.	DA COOR CO. O.	ADI ADI	LA PAGO
	18. 162X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION LEADING TO DEA	DIRECTLY	Mana lama de la mare.		AU/12.2 /5 //
	(This does not mean the mode heart failure, asthenia, etc. It mes injury or complication which	ans the disease,	News pumphilania		alle viadiz
	ANTECEDENT CAU	SES			
	DISEASES OR CONDITIONS,				
	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION L) STATING THE DUE TO AST.			
		(C)			
	TRIBUTING TO THE DEATH, BUT	NOT RELATED			
	19A. DATE OF OPERATION	N CAUSING IT. 198. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
	21A. ACCIDENT. SUICIDE,	218. PLACE OF INJURY (e.g., i	in or 21c. WHERE DID (I	f in Baltimore City, giv	YES NO NO
	HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	. In David Over, gre	ic cauco romy
	21D. TIME (Month) (Day) (Year OF INJURY	WHILE AT NOT WHILE		OCCUR?	
	22. I hereby certify that I at	m. WORK AT WORK	15 MW 1949 to 31	1950	that I last saw the
	deceased alive on 1900		rred at New Mm., from th		
	29A. FIGNATURE 10 WM IN		1513 N. MILLA CAN		20 OF 50
	24A. BURIAL, CREMA 24B. DATE TION, REMOVAL (Specify)	t. 24c. NAME OF CEMETE	ERY OR CREMATORY 24D. LC	OCATION (City, town, o	r county) (State)
1	DATE RECEIVED BY REGISTRAR	1950 AL MALLAL	25. FUNERAL DIRECTOR	mnee st	ADDRESS
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17-7	2:	50	
The	5(9320 BALTIMORE CITY HE CERTIFICATE	
		NAME OF DECEASED Print) Dickery (B:	-lon)
applied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Whe
ig.	B. H(FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR location)	C. CITY OR TOWN (If ou
E 'Y	IN	STITUTION JOIRS MOPKINS HOSPITAL	Bultim
e coul	6	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If run
hould be		SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH
houl arly	10	A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore
	0	Anna Startes and Start Light Control of the Star	Balkemore
NG ormatic death	13	Theres Name	14. MOTHER'S MAIDEN NAM
Info	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL s, no or nnknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANTIS NUTLIN
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00		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	
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Y, mpo	MEC		
4		OF INJURY OF INJURY MILE AT NOT WHILE AT WORK AT WORK	
TE Pi especia		22. I hereby certify that I attended the deceased from	0-25 , 1950, to 1
		deceased alive on 10-27, 1950, and that death occur 23A. SIGNATURE 2	38. ADDRESS
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et a	TI	AA. BURIAL, CREMA- DON, REMOVAL (Specify)	RY OR CREMATORY 24B. LOC
PLEANE correct a		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR
		61311990 Thoustille for Medicalitie, Mile	Holland tung
		VS 150	1631-Dund,

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Registered No_	
2. DATE OF OTAL	m27, 1950
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al, give location)	1
AGE (In years last birthday) Months	I Year If Under 24 Hours Days Hours Min.
ign country) 12.	CITIZEN OF WHAT COUNTRY?
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n Baltimore City, give	exact location)
OCCUR?	
0-27, 1950, the causes and on the a	nat I last saw the late stated above.
IRS HOSPITAL 2	0-28-50
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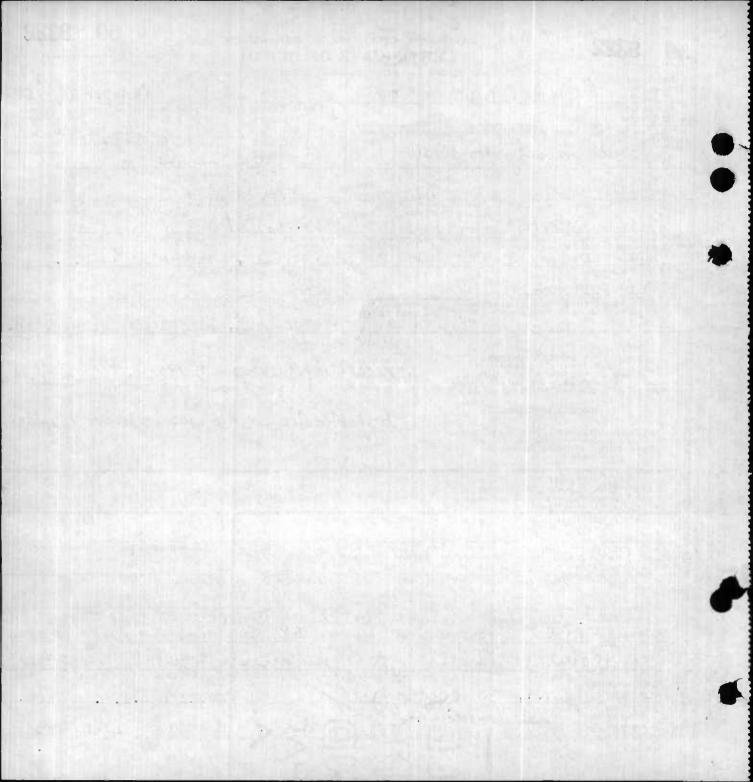


2	LU3 5 CERTIFICATE CORRECTED 12-18-50	0204				
Di	10 9321 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No					
The	1. NAME OF DECEASED (Type or Print) E ETT CLYDE (BOLDON) - BALDEN OF DEATH October	29, 1950				
n upplied.	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION A. STATE A. USUAL RESIDENCE (Where deceased lived. If institution, sive street address or location) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, with limits) University Hospital A. USUAL RESIDENCE (Where deceased lived. If institution, sive street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital A. USUAL RESIDENCE (Where deceased lived. If institution, sive street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OR TOWN (If outside corporate limits, with the location) B. FULL NAME OF (If not in hospital or institution, give street address or location)	A. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY hefore admission) Maryland C. CITY OR TOWN (If outside corporate limits, we're ILURAL and given township)				
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hould be criy and lea		Days Hours Min.				
houl	10A. USUAL OCCUPATION (Givekindof working life, even if retired) Tailor 10B. KIND OF BUSINESS OR INDUSTRY Student 11. BIRTHPLACE (State or foreign country) Mississippi	CITIZEN OF WHAT COUNTRY!				
BINDING of informationses of death c	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Emmet Clyde Balden Bolden Mary Watson	14. MOTHER'S MAIDEN NAME				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. 17. INFORMANT ADDRE	17. INFORMANT ADDRESS				
MARGIN RESERVED FOR BIN UNFADING INK. Every item of i Physicians; please write the causes	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CON.					
MAF UNFA Physic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?				
Y, WITH important.	21A. EXTERNAL CAUSE WAS UNDERLYING X OR CONTRIB. 21B. PLACE OF INJURY (e.g., in or UNDERLYING X OR CONTRIB. about home, farm, factory, atreet, office bldg., etc.) TOTING CAUSE OF DEATH. 1 21B. PLACE OF INJURY (e.g., in or UNDERLYING X OR CONTRIB. about home, farm, factory, atreet, office bldg., etc.) Nome 21c. WHERE DID (If in Baltimore City, give e long to the property of the place of th	YES X NO Xact location)				
WRITE PI	22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined . 23A. SIGNATURE 23B. CHIEF MEDICAL EXAMINER					
PLECE ag	24a. BURIAL, CREMA- TION, REMOVAL (Specify) 11-2-56 Beschwood N.C. Dorhom					
	VS 151 N875, 2 167.0 Burham	- NC				

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MARGIN RESERVED FOR BINDING UNFADING INK. Every item of informative Physicians: please write the causes of death was a superstant of the cause of the case of the

PLE, E WRITE P. LY, WITH correct age is especiary important.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

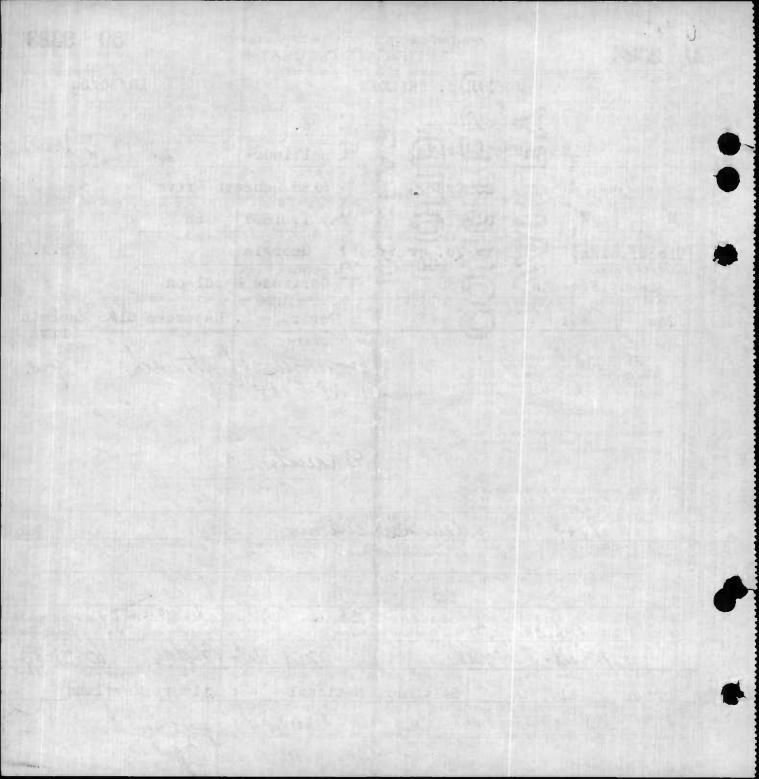
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I BI	RTH NO.			CERTIFICA	IE OF DEAT	H	gistered 1	10,
	NAME OF DECEAS	ED J	OSIAH	H. FREEMA	N	2. DATE OF DEAT	10/	30/50
A.	PLACE OF DEATH: Baltimore City, M				A. STATE		sed lived. If OUNTY	institution: residence before admission
H	SPITAL OR	128 Mac		ion, give street address locati D rive	Or		porate libit	write RU AL and give township
C.	Length of stay in	Baltimore	20	Yrs Mc	8. 6128 Mag	Beth Driv		
-		OR OR RACE	7. SINGLE WIDOW Sing	E. MARRIED. /ED.DIVORCED (Spec	I 8. DATE OF BIRTH	_ last bi	rthday) Mo	f Under 1 Year If Under 24 Hours Min
10A. USUAL OCCUPATION (Givehind of 10B. KIND OF BUSINESS OR work done during most of working life, even if retired) Navy Yd. (retired)				State or foreign count	try)	12 CITIZEN OF WHISCOUNTRY		
13. FATHER'S NAME LeRoy Freeman				14. MOTHER'S MAIDEN NAME Gertrude Haralson				
15 (Yes	WAS DECEASED EVER	R IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO	Gertrude	S. Habero		DDRESS 28 MacBeth
	DISEASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES CAUSE OF DEATH CAUCHONIA (A) CAUCHONIA (A) CAUCHONIA (A) DUE TO						5 ys.	
RTIFICATION	DISEASES OR C RISE TO THE ABO UNDERLYING O	OVE CAUSE (A) CONDITION L	STATING TI	(C)	& haustin	2.		
CE	TRIBUTING TO THE DISEASE	OR CONDITION	NOT RELAT	ED IT	PERATION			20. AUTOPSY?
SAL	19A, DATE OF OPE	147	ac	leunder	cuma			YES NO
21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact local lo					give exact location)			
_	21D. TIME (Month) OF INJURY) (Day) (Year	(Hour) m.	21E. INJURY OCCU WHILE AT NOT WE WORK AT WO	IILE	INJURY OCCURT		
	22. I hereby certify that I attended the deceased from Och . 1950, to Och . 20, 1950, that I last saw the deceased alive on 1950, 1950, and that death occurred at							
	23A. SIGNATURE	Rux. C.	Blas	he M.D.	med . a	rts Bldg		10-31-50
71·	4a. Burial crema- on removal (Specify) B uri al	248. DATE 11/2/5		Baltimore	National	Baltimo:		
D	ATE RECEIVED BY	REGISTRAR	SSIGNATI		25. FUNERAL DIE	1 /	San	ADDRESS

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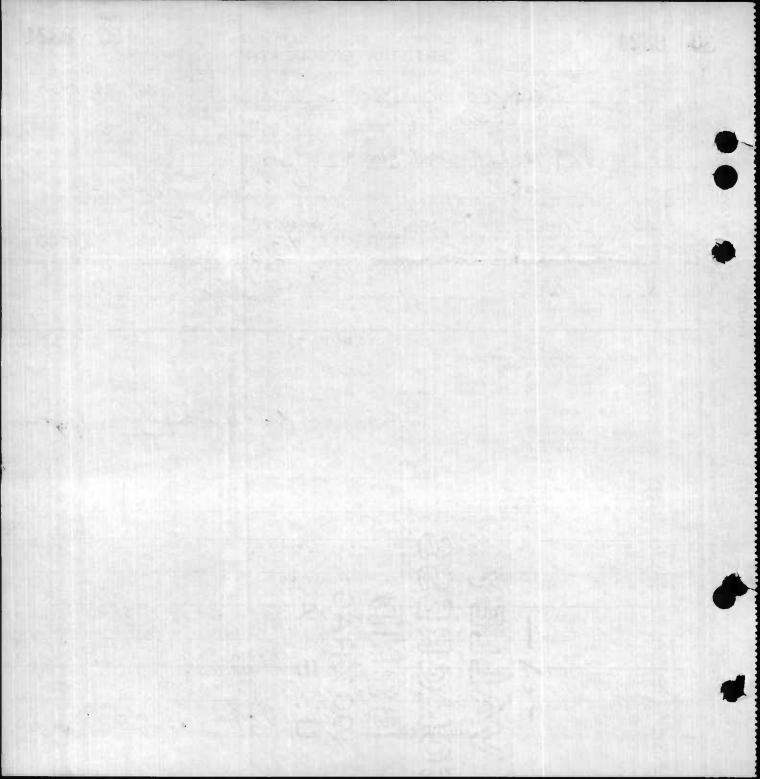
BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO.	FICATE OF DEATH	Registered No					
1.	NAME OF DECEASED () Print)	trick & trum	2. DATE OF Oct. 29, 1950					
Α.	PLACE OF DEATH: Baltimore City, Maryland & Otto 111	A. STATE	(Where deceased lived, If institution; residence B. COUNTY before admission					
H	FULL NAME OF (If not in hospital or institution, give stree OSPITAL OR STITUTION	location C. CITY OR TOWN	(If outside corporate limits, write KURAL and give					
- L	428 N. LAKe wood	Yrs. D. STREET ADDRESS	(If rural, give location)					
-	Length of stay in Baltimore	Mos. Has Has h	. Loperrord					
5.	6. COLOR OR RACE TO SINGLE, MARRIED, WIDOWED, DIVORCE	ED (Specify) 8. DATE OF BIRTH	9. AGE (In year- last birthday) Months Days Hours Min.					
	A. USUAL OCCUPATION (Givekindof) 108. KIND OF BUSINE	SS OR 11. BIRTHPLACE (State	or foreign country) 12. CITIZEN OF WHAT COUNTRY					
13	6 S. Custon inspector Lyonerum	14. MOTHER'S MAIDEN	Child Chall					
13	andrew Strine	Elisabeth &	Me Her					
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIA SECUR	ITY NO. 17. INFORMANT	ADDRESS					
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	Cerebral thro arteriorelistic ca						
CERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
	19a, DATE OF OPERATION 19B, MAJOR FINDINGS	OF OPERATION	20. AUTOPSY?					
EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) about home, farm, factory, atre	IRY (e. g., io or 21C. WHERE DID st, office bldg., etc.) INJURY OCCUR?	(If in Baltimore City, give exact location)					
MEDICA	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE 22. I hereby certify that I attended the deceased from Jan. 29, 1950, to deceased alive on Dec. 28, 1950, and that death occurred at 110 f.m., from the causes and on the							
special								
odsa si a	23A. SIGNATURE B. Aurust	238. ADDRESS Nova	23c. DATE SIGNED					
7 TIC	AA. BURIAL, CREMA- 24B. DATE 24C. NAME ON REMOVAL (Specify)		D. LOCATION (City, town, or county) (State)					
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTO	eneral Homes					

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C-5	BI	9325 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Rei
		NAME OF DECEASED CONNOY JAMES	OF DEAT
informatic hould be find upplied.	A. B. HGIN C. S.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or location) SET (S. COLOR OR RACE) A. STATE MAY/ANA C. CITY OR YOWN (If out of the control of the co	B. C. B. A. Side cor. B. C. B. C. B. Side cor. B. C. B. C. B. Side cor. B. Side co
BINDING of inform	(Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? e, no or noknown) (If yes, give war or dates of service) AKNOWN 17. INFORMANT SECURITY NO.	- / - · ·
RESERVED FOR INK. Every item please write the cau	CATION	CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	scul Dis
MARGIN UNFADING Physicians:	CERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	A
leel		19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	
Y, WITH	EDICA	21a. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	Baltin
i.	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21s. INJURY OCCURRED 21f. HOW DID INJURY OF INJURY	CCUR?

WHILE AT

WORK

22. I hereby certify that I attended the deceased from

REGISTRAR'S SIGNATURE

248. DATE

2. DATE OF DEATH Oct. 30, 1950 ere deceased lived. If institution: residence B. COUNTY before admission) BAltiMore tside corporate limits, write RURAL and give township) al, give location) PW AGE (In years | ff Under 1 Year | ff Under 24 Hours last birthday) | Months; Days | Hours | Min. 53 gn country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY NO V YES n Baltimore City, give exact location) 19 30 that I last saw the 1940, and that death occurred at/021 Pm., from the causes and on the date stated above. 23c. DATE SIGNED 1705 24D. LOCATION (City, town, or county) ADDRESS

9325

Registered No.

LOCAL REGISTRAR VS 150

deceased alive on. 23A. SIGNATURE

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Bruce DATE RECEIVED BY

PLEASE WRITE PA

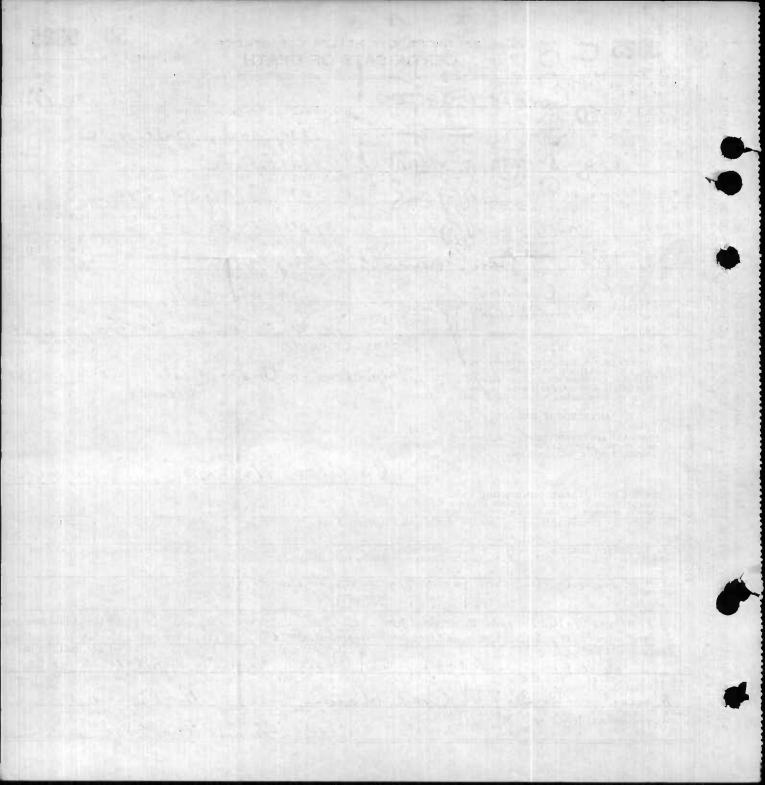
NOT WHILE AT WORK

24c. NAME OF CEMETERY OR CREMATORY

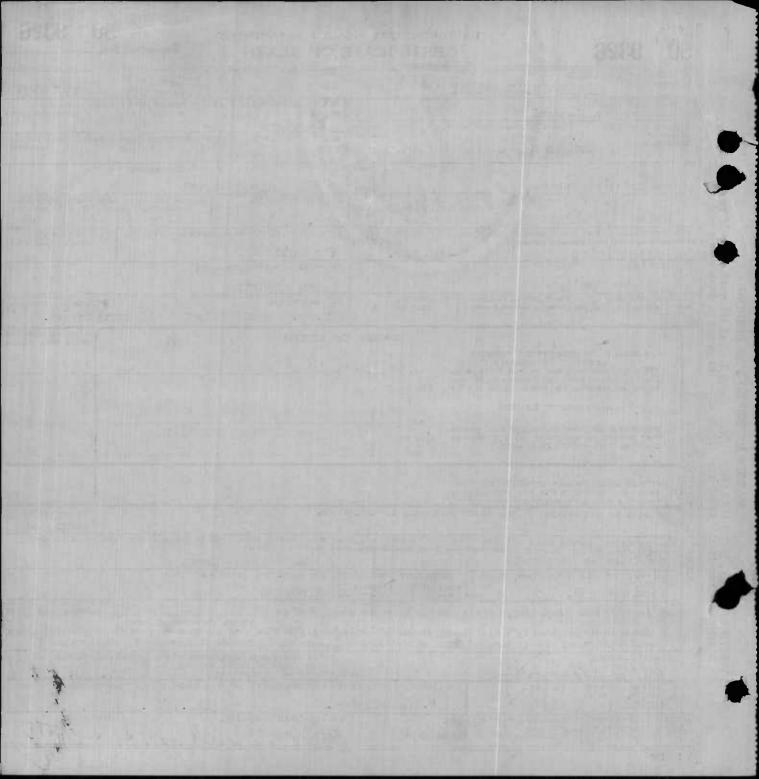
23B. ADDRESS

25. FUNERAL DIRECTOR

, 1950, to 10



8-	L	100	20	BAI		HEALTH DEPARTMENT	Registered N	0 9326
he	SIRTH NO. 9326 CERTIFICATE OF DEATH Regi							0
T.		NAME OF E		N BAILE	Y		2. DATE OF	20 1070
pplied.		PLACE OF E				4. USUAL RESIDENCE (nstitution: residence
dd	В.	FULL NAME OSPITAL OR		al or institut	ion, give street address location	Maryland	11	55
U		ISTITUTION	Lutheran H	ospital		Baltimore	f outside corporate limits	, write RURAL and giv township
legibly.					Yrs	D. STREET ADDRESS (If	rural, give location)	
200	C.		stay in Baltimore		Mos Day	s 721 Denison St		
ould be c	5.	male	6.COLOR OR RACE	WIDOW	e, Married, Ved, Divorced (Specif Married	4ug. 3. 1890	1 -	Under 1 Year It Under 24 Hours Min
doulc	10	A. USUAL OC	CUPATION (Give kind of		OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF
T. E.	WOT	Terry 600	of working life, even if retired)	Dough	-Nut Mfe.	Virginia		WHAT COUNTRY
ion	13	FATHER'S			2100 21025	14. MOTHER'S MAIDEN N	AME	
NDING information s of death cl		Alfre	ed Bailey			Susan Roberts		
BINDING of inform uses of dea		. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	Caffonsyille,
R BIND		no				Mr. G. Roger Bai	iley 35 Dur	more Rd.
MARGIN RESERVED FOR UNFADING INK. Every item Physicians: please write the cau	ICATION	(This doe heart failt injury or DISEASE	SE OR CONDITION LEADING TO DEA' s not mean the mode of ure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, IF	FANY, GIVIE STATING TI	(B)	wound of head		
MARGIN NFADIN nysicians:	RTIF	TRIBUTIN	II SIGNIFICANT CONDI G TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATI	ED			
hel	CE				FINDINGS OF OPE	RATION		20. AUTOPSY?
Y, WITH important.	MEDICA	UNDERLYIN UTING [] (NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH. (Month) (Day) (Year)	about home,	ACE OF INJURY (e. g. farm, factory, street, office bldg home 21E. INJURY OCCUR	721 Denison St		
		-	er 30, 1950	m.	WHILE AT NOT WHILE WORK AT WORK			
PL		22. I eerti	jy that I took ehar	ge of the	remains described	above, held an partial	autopsy Inspection or Inquiry	thereon and from
ITE		and de	eath in my opinion	said Autoresulted j	ppsy, Inspection or from: natural caus	Inquiry, find that said des \square , accident \square , suicide	eeeased died on the □, homicide □, ur	idetermined [].
E WR		234 SIGNA	TURE AND	1		238. CHIEF MEDICAL ASSISTANT MEDICAL M.D. MEDICAL INVESTIGAT	EXAMINER 230	. 30. 1950
PLEASE WRITE PL	TIC	4A. BURIAL. ON REMOVAL (S Burial	CREMA- 248. DATE 11/2/50)	Mt. Olivet	ERY OR CREMATORY 24D. L	ocation (City, town, olto, Md.	or county) (State)
PLI		ATE RECEIVE OCAL REGIST OCI 3 1	D BY REGISTRAR	SIGNATI		25 FUNERAL DIRECTOR		ADDRESS Latto
	V	S 151 /	853.4		515-4	· 4 .	164	c Mix.



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Every item of informatio FOR BINDING

UNFADING INK. Physicians: please

WITH LY, WITH important.

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BALTIMORE CITY HEALTH DEPARTMENT

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50 9327 BIRTH NO.	CERTIFICATI	E OF DEATH Registered N	0
1. NAME OF DECEASED (Type or Print) BEA	RTHAM. COP	SEY 2. DATE OF OF DEATH	-29-50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If i	nstitution : residence before admission
B. FULL NAME OF (If not in hospital	or institution, give street address or location) NIO RIAL HOSP	Md. c. CITY OR TOWN (If outside corporate limits Baltimore	wife RURAL and giv township
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 2801 St. Paul St.	
	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 14, 1891 9. AGE (In years Mon last birthday) 59	Under 1 Year If Under 24 Hours this Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work dooe during most of working life, even if retired) Clerk	10B. KIND OF BUSINESS OR INDUSTRY Balto. City	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY
James L. Copsey		14. MOTHER'S MAIDEN NAME Zora Anna Wood	
15. WAS DECEASED EVER IN U. S. ARMED I (Yes, no or unknown) (If yes, give war or dates n	FORCES? 16. SOCIAL (f service) SECURITY NO.	17. INFORMANT Benedi	DRESS Ct P. O.
DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which can ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITI TRIBUTING TO THE DEATH, BUT NO	dying, e. g., sthe disease, used death.) DUE TO ANY, GIVING THE DUE TO	of DEATH	ONSET AND DEATH
TO THE DISEASE OR CONDITION O	OT RELATED		
	MAJOR FINDINGS OF OPER		20. AUTOPSY?
UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e	Roland ave . o University	ve exact location)
21D. TIME (Month) (Day) (Year) (I OF INJURY) Ct. 28, 1950	Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK	1	automobile
the evidence obtained by se	aid Autopsy, Inspection or I	bove, held an Autobsy, Inspection or Indiry nquiry, find that said deceased died on the	day stated above
23A. SIGNATURE	0. 0.0.	238. CHIEF MEDICAL EXAMINER 230	DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

24c. NAME OF CEMETERY OR CREMATORY Oldfield Ch.

24D. LOCATION (City, town, or eounty)

Cem . Hughesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

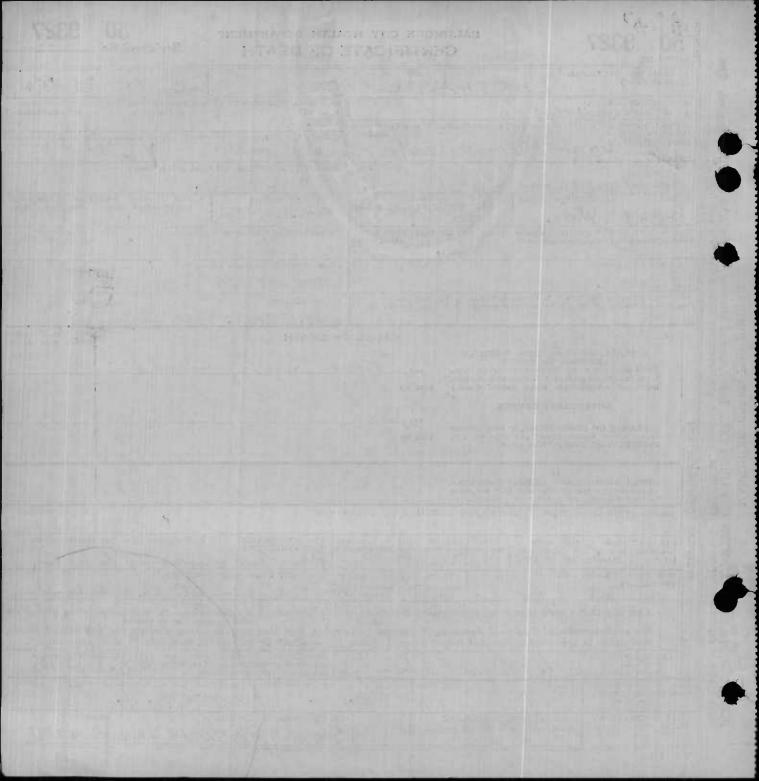
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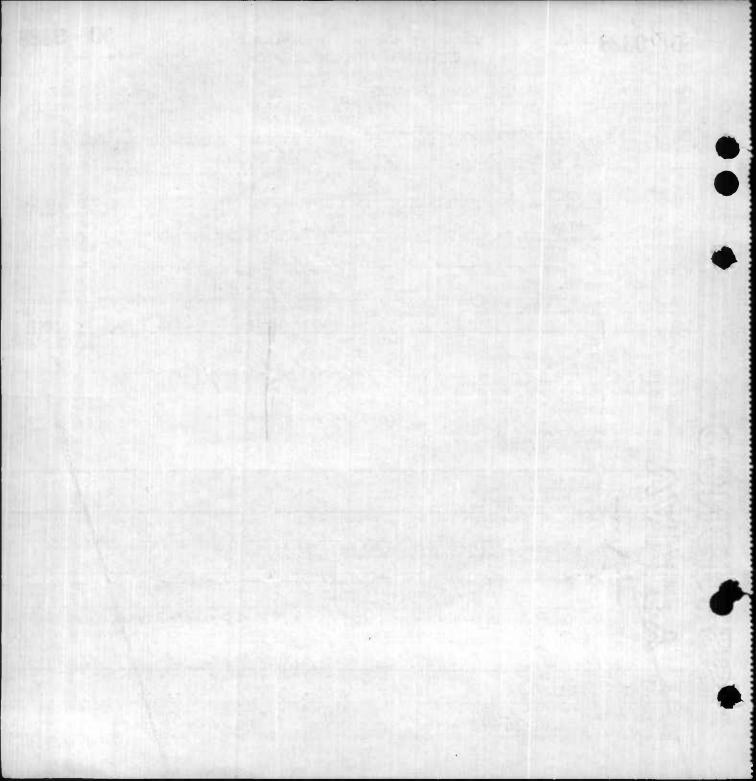
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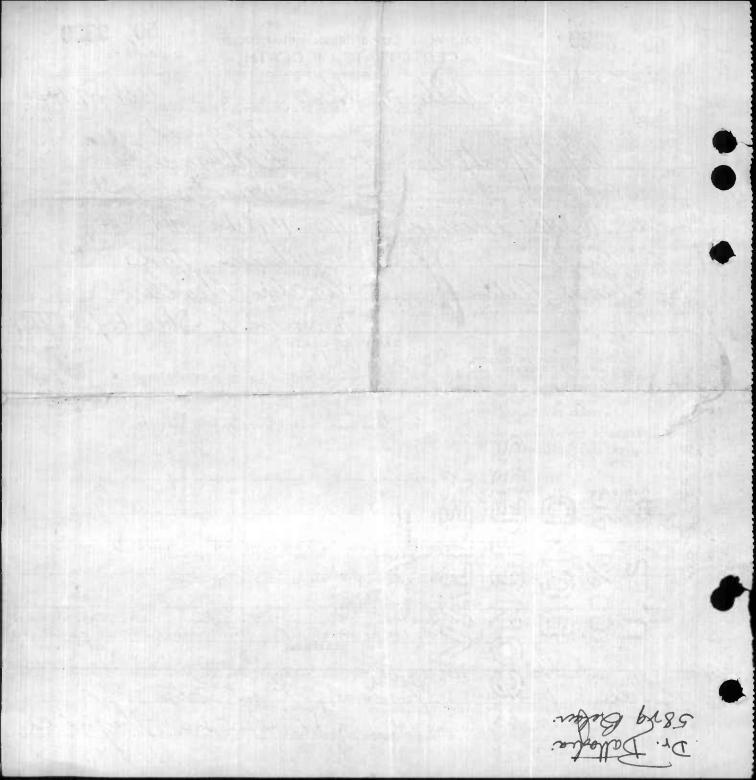
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BALTIMORE CITY HEALTH DEPARTMENT Registered No_ CERTIFICATE OF DEATH BIRTH NO I. NAME OF DECEASED 2. DATE of Oct. 29, 1950 (Type or Print) ISABEL VIRGINTA CADDEN 4. USUAL RESIDENCE (Where deceased lived, If institution : residence 3. PLACE OF DEATH: A. Baltimore City, Maryland before admission) B. COUNTY F (If not in hospital or institution, give street address or Home, for the Aged of the location)
Methodist Church
2211 W. Rogers Ave. HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Baltimore township) D. STREET ADDRESS (If rural, give location) Yrs. Mos. 2211 W. Rogers Ave. c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years If Under I Year If Under 24 Hours last birthday) Months; Days Hours; Min. single t'emale Sept. 16, 1870 IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? WestVirginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Rev. James R. Cadden Isabel Bouldin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Miss Miriam O. Coates - 2211 W. Rogers no INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH nyocardial surfuir DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p UNDERLYING CONDITION LAST. RTI 11 OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK 22. I hereby certify that I attended the deceased from Oct - 16, 1950, to Celokes 29, 1950, that I last saw the deceased alive on 10.29, 1950, and that death occurred at 3.30 fm., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA 24D. LOCATION (City, town, or county) TION REMOVAL (Specify, Burn al Loudon Park Cem. Balto., Md. FUNERAL DIRECTOR ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE VS 150

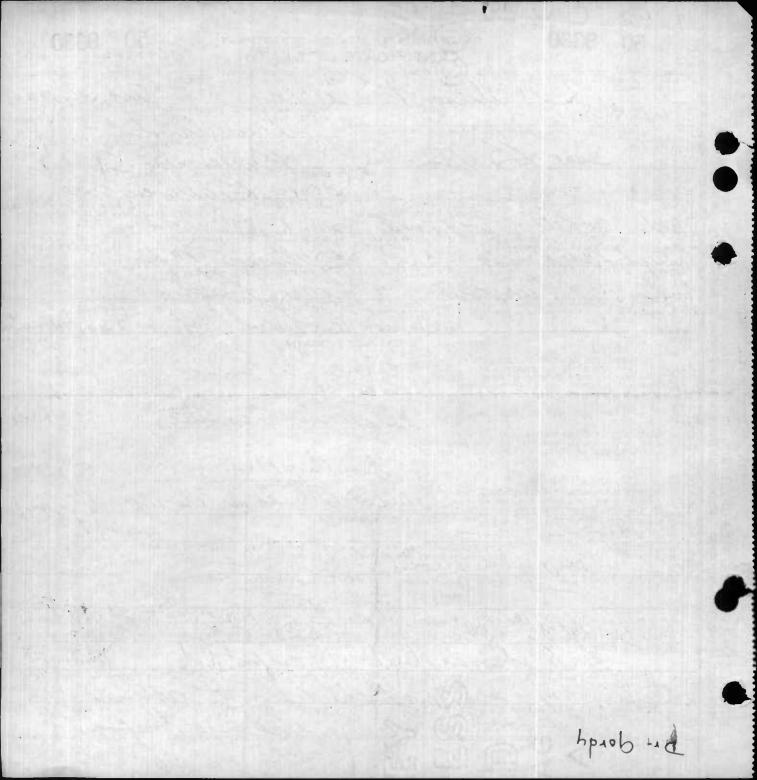
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY A. Baltimore City, Maryland before admission) B. FULL NAME OF (If not in hospital or institution, give street address or outside corporate limits, write RURAL and give C. CITY OR TOWN INSTITUTION Yrs. (If sural, give location) D. STREET ADDRESS Mos. 3001 c. Length of stay in Baltimore avea cal. Days 6. COLOR OR RACE 7. SINGLE, MARRIED.

(Specify) 5. SEX Il Under I Year Il Under 24 Hours DATE OF BIRTH AGE (In years last birthday) Months: Days Hours: Min. urtanoes 10A. USUAL CCCUPATION (Givekindof) 108. KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if revied INDUSTR WHAT COUNTRY? mainlenand B.T.C. EATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes. no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO 213-10-3034 2310 INTERVAL BETWEEN 201 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH day (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION non 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) EDI about home, farm, factory, street, office bldg., etc.) HOMICIDE INJURY OCCUR? morn 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT WORK AT WORK 22. I hereby certify that I alended the deceased from the that I last saw the 10 deceased alive of and that death occurred at II.m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED 24A, BURIAL, CREMA-24B. DATE 24D. LOCAPION (City, town, or county) TION DEMOVAL (Spectry) DATE RECEIVED BY REGISTRAR'S SIGNATURE SUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR water alon Williams Mil uch 5305 VS 150



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MARGIN RESERVED FOR BINDING	PLILASE WRITE P KLY, WITH UNFADING INK. Every item of informatic hould be	correct age is especially important. Physicians: please write the causes of death Clearly and
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N RESER	NG INK.	s: please
MARGI	UNFADI	Physician
	LY, WITH	important.
	E	HIY.
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) Helen Stromberg OF Oct.30,1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland Baltimore B. COUNTY STATE before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or (If outside corporate limits, write RUKAL and give HOSPITAL OR location) C. CITY OR TOWN 3505 Taney Rd. township Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Lifetime 3505 Taney Rd. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) II Under I Year last birthday) Months Days Hours Min. WISOWED DIVORCED (Specify) Female White Oct.29,1875 10A. USUAL OCCUPATION (Givekindnf) 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? School teacher Baltimore Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Stromberg Sarah Greenbaum 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, nn nr unknnwn) (If yes, give war nr dates nf service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, nn nr unknnwn) SECURITY NO Florence Stromberg 3505 Taney Rd. no no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST. 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF AUTOPSY? NO (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID ā (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE ш 210. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT AT WORK 22. I hereby certify that I attended the deceased from VECQuele, 1935, to OCT. 30, 1930 that I last saw the deceased live on 3000. 1950, and that death occurred at 4 h.m., from the causes and on the date stated above. 23c. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS 1950 24A. BURIAL, CREMA- 24B. DATE 244, NAME OF CEMETERY OR CREMATORY 240. LOCATION (City, town, or county) (State) Baltimore Burial Baltimore Hebrew Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS LOCAL REGISTRAR water 2001902 VS 150

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

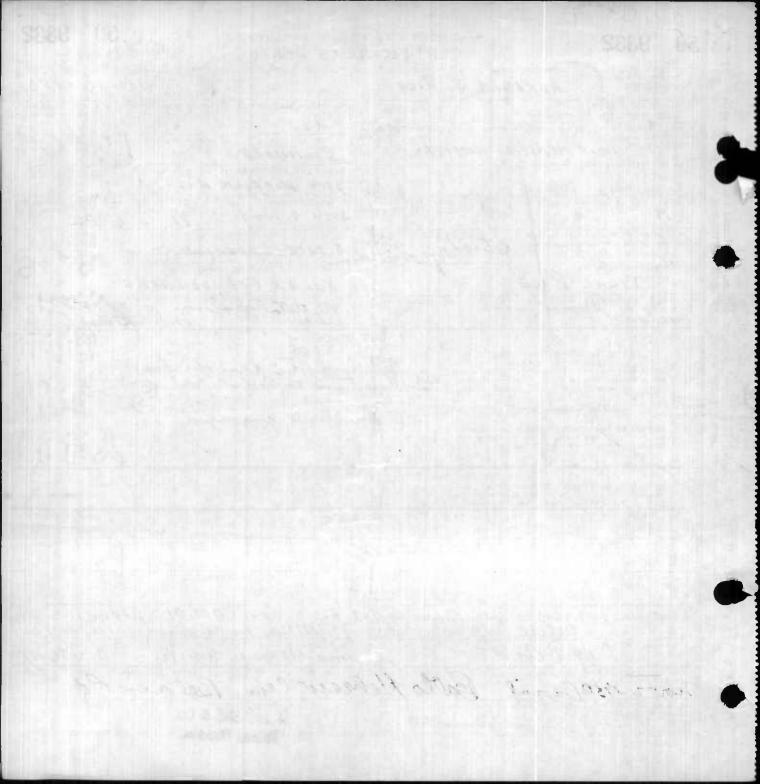
9332 50 Registered No.

BIRTH NO

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	PLACE OF D			4. USUAL RESIDENCE (Where de			
		City, Maryland	pital or institution, give street address		county before admission		
HO	SPITAL OR		PIAL HOSPITAL		corporate limits, write RURAL and giv		
-	Longth of	stay in Baltimore	Yrs. Mos.	7914 MARENIN AND			
	SEX	6. COLOR OR RAC	Days E 7. SINGLE, MARRIED.	5 11	E (In years) If Under 1 Year If Under 24 Hours		
	M	W	WIDOWED, DIVORCED (Specif	APRIL 9, 1869 las	t birthday) Months Days Hours Min.		
work	done during most	CUPATION (Give kind of working life, even if retire	Relined February Relined Structures	ALSACE - LORRAINE	ountry) 12. CITIZEN OF		
13.	FATHER'S	AAC RICE		KALMA FREUDER	VOERC		
(I es,	. WAS DECEAS , no or unknown)	ED EVER IN U. S. ARM (If yes, give war or da	ED FORCES? 16. SOCIAL SECURITY NO.	17 Million Safren	TO I Park Heart to see		
	18. 421	2.0	CAUSE	OF DEATH	INTERVAL BETWEEN		
		SE OR CONDITION	DIRECTLY	– .	ONSET AND DEATH		
	(This does	LEADING TO DE	of dying, e.g., (A)	revacleration heart des	eere		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)						
	ANTECEDENT CAUSES						
NOL	DISEASES OR CONDITIONS, IF ANY, GIVING						
	UNDERL	THE ABOVE CAUSE (A	A) STATING THE DUE TO LAST.				
			(C)	······································			
ERTIFIC	OTHER 6	II SIGNIFICANT CON	DITIONS CON				
	TRIBUTING	TO THE DEATH, BU	T NOT RELATED				
U.		OF OPERATION	198. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?		
Z.					YES NO		
MEDICA	CAUSE OF DEATH						
~ -	21D. TIME OF INJURY	(Month) (Day) (Yea	r) (Hour) 21E. INJURY OCCUR	RED 21F. HOW DID INJURY OCCU	JR?		
			m. WHILE AT NOT WHILE				
	22. I hereby certify that I attended the deceased from Sc7. 23 , 1950, to Oc7. 31 , 1950, that I last sa						
-	22. I hereb	y certify that I a					
	deceased a	live on Oct. 3	1950, and that death occu	urred at 12:22 Am., from the caus	ses and on the date stated above		
	22. I herch deceased a 23A. SIGNA	live on Oct. 3	1, 1950, and that death occur	urred at 12:22 Am., from the cause 238. ADDRESS UNION MEMORIAL HOSE	ses and on the date stated above		
24 110	deceased a	TURE W. A. G	, 1950, and that death occur	urred at 12:22 Am., from the cause 238. ADDRESS	ses and on the date stated above 23c. DATE SIGNED OCT-31, 1156		



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	- 00	LTIMORE CITY HE	EALTH DEPARTMENT	30	3000
		CERTIFICATI	E OF DEATH	Registered No.	
11=	IRTH NO.				
	NAME OF DECEASED Type or Print) MAMIE	E. HENKEL	da*	2. DATE OF DEATH IO/29	/50
1	. PLACE OF DEATH: . Baltimore City, Maryland So. Bal		4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	itution : residence before admission)
F	FULL NAME OF (If not in hospital or institution)	location)		outside corporate limits, w	rite RURAL and give township)
	Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If 827 Patapsco A		
		LE. MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH 9/20/1895	9. AGE (In years last birthday) Month	Days Hours Min.
	DA. USUAL OCCUPATION (Givekind of k done during most of working life, even if retired) Housework Hom	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	reign country) 12	CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME ? England		14. MOTHER'S MAIDEN NA Anna Slaught		
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?	I 16. SOCIAL	17. INFORMANT		
A (X	es, no or unknown) (If yes, give war or dates of service)	SECURITY NO.	Family - Same	ADD	(E55
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e heart failure, asthenia, etc. It means the diser	s., (A) Coro	of DEATH	51017	INTERVAL BETWEEN ONSET AND DEATH
ATION	injury or complication which caused dea ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING 'UNDERLYING CONDITION LAST.	(B) Coron	nary.arterose		many years
CERTIFICA	OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	DN -	tensive coro	//o-Vəsc//ər	mony years
	19A. DATE OF OPERATION 19B. MAJO	R FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL		ACE OF INJURY (e. g., in , farm, factory, street, office bldg., e		f in Baltimore City, give	exact location)
2	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRI		OCCUR?	

AT WORK

22. I hereby certify that I attended the deceased from 10 - 28, 1950 to 10.29, 1950 that I last saw the deceased alive on 10.28, 1950 and that death occurred at 4.50 mm., from the causes and on the date stated above.

23A. SIGNATOR MULTINE COLL CAMPS.

23B. ADDRESS

23B. ADDRESS

23B. ADDRESS

23C. DATE SIGNED

23C. DATE SIGNED

23C. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE

24c. NAME OF CEMETERY OR CREMATORY

AD. LOCATION (City, town, or county)

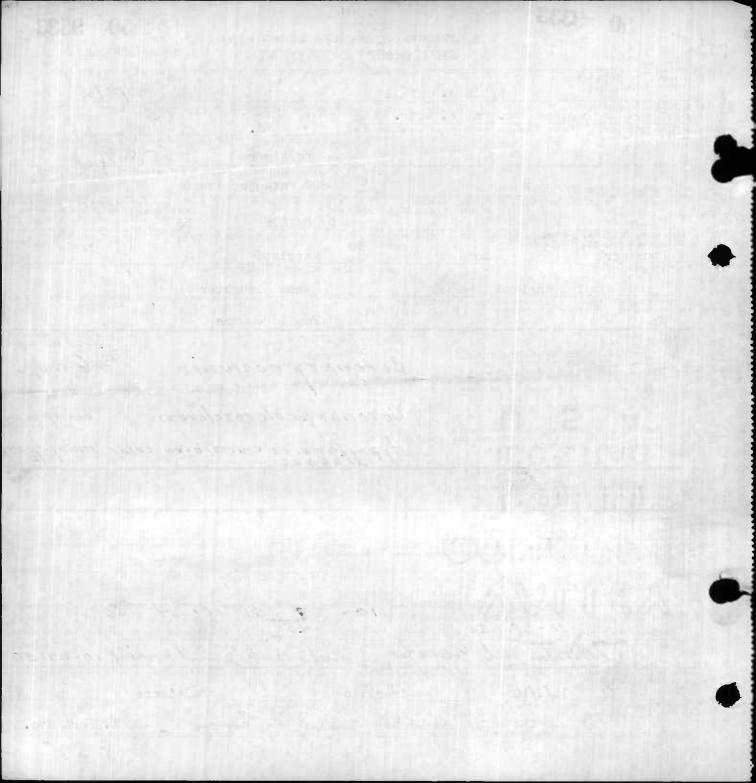
Meadowridge Baltimore

85. FUNERAL DIRECTOR Villiams, M.

ADDRESS I30 E. Fort Ave.

VS 150

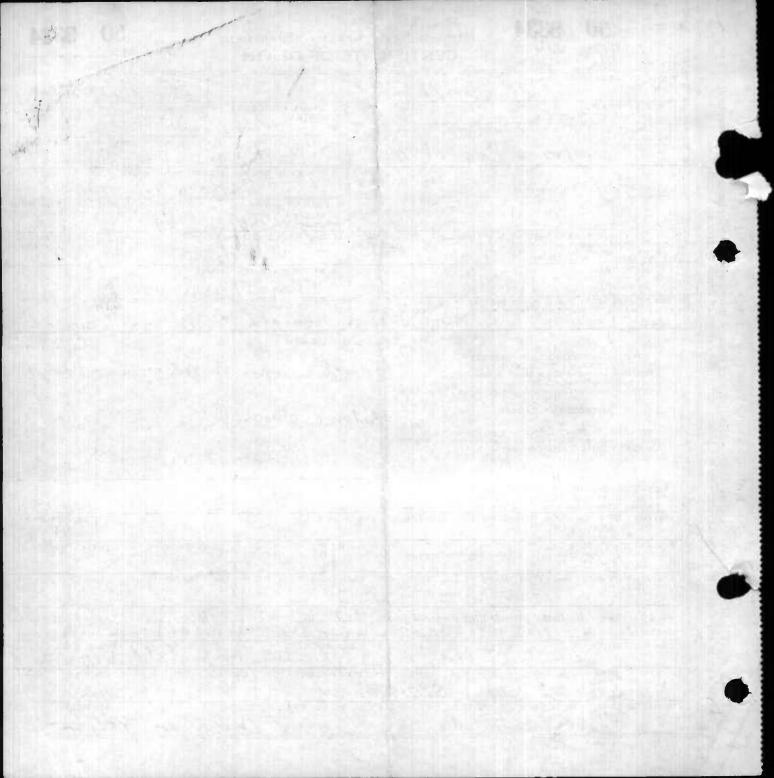
DATE RECEIVED BY LOCAL REGISTRAND



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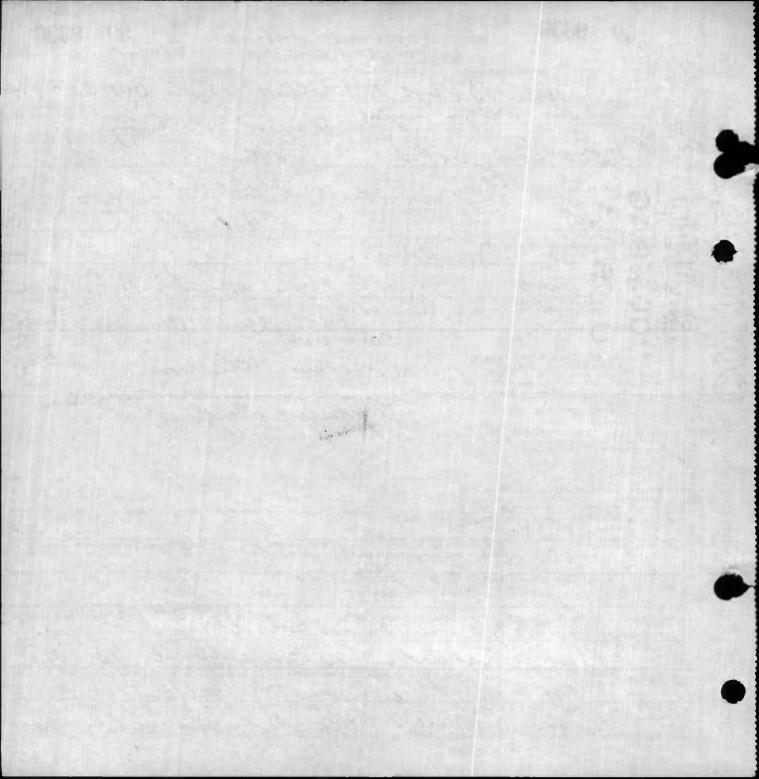
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le le	PI	RTH NO.	CERTIFICATI	E OF DEATH	Registered No.	2004
T	==	NAME OF DECEASED			2. DATE /	
ed.	(T	ype or Print) A 4 a	rust Myers	10 Mr. P	OF DEATH 10/2	9/50
upplied		Baltimore City, Maryland		4. USUAL RESIDENCE (Who	ere deceased lived. If ins B. COUNTY	titution: residence before admission)
n		FULL NAME OF (If not in hospi	tal or institution, give street address or location)	C. CITY OR TOWN (If or	ル q Itside corporate limits, w	- 14 INTRAL 1 1
. A	IN	STITUTION Lytherah	e 2.4 = 0	township)		
ca legib	c.	Length of stay in Baltimore	Hosp. of Md. Yrs. NOS. Bays		ral, give location)	-30
nould be arly and l	5.	SEX 6. COLOR OR RACE		napril,	9. AGE (In years of Und last birthday) Month	s Days Hours Min.
rly	10	A. USUAL OCCUPATION (Givekinde	1 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	ign country) 12	. CITIZEN OF
3	work	done during most of working life, even if retired 3 1 to, Transi T Co. Motorman	Transit Co. INDUSTRY	Marybu	d	WHAT COUNTRY?
atic	13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	IE	
death		Henry J. My	ers	_ Ellen Elizab	eth Wade	
444		. WAS DECEASED EVER IN U. S. ARME	D FORCES? 16. SOCIAL se of service) SECURITY NO.	17. INFORMANT		RESS
of		1/0	213-10-0688	Kenneth My	ers. 1437 B	Hery Ave-
Every item of in write the causes o		18. 451 X	CAUSE	OF DEATH		ONSET AND DEATH
the ite		DISEASE OR CONDITION LEADING TO DEA		and a summer of	shall sout	21?
te t		(This does not mean the mode heart failure, asthenia, etc. It me	ans the disease,	red energysm of	aper. apria	sauro:
Ever		injury or complication which	caused death.) DUE TO			2
	7	ANTECEDENT CAU	ses Arts	eriosklerosis		1
NG INK.	CATIO	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L	IF ANY, GIVING			
DIN cians:	IF!		(C)			
UNFADING Physicians:	CERT	OTHER SIGNIFICANT CONE TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION	NOT RELATED			
	1		198. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
WITH rtant.	CAI	None 7				YES NO NO
LY, WITH important.	MEDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		in Baltimore City, give	exact location)
	4	21D. TIME (Month) (Day) (Year OF INJURY	WHILE AT NOT WHILE	ED 21F. HOW DID INJURY	DCCUR?	
PL/ ecial		22 I homohu contife that I at	m. WORK AT WORK	127 , 19 50, to 1	0/29 1050	hat I last saw the
-		deceased alive on 10/1	2, 19 50, and that death occur			
RIT is e		234 SIGNATURE	. 12	3B. ADDRESS		3c. DATE SIGNED
age i		7	entribery M.D.	hulturen Hory	of Md- 1	0/29/10
SE WRITE t age is est	710	AA. BURIOL, CREMA- 24B. DATE ON, REMOVAL (Specify)	24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOC	CATION (City, town, or	county) (State)
H ea	_		50 GLEN HAU		CHIE HIGH	WAY
PLE	LC	ATE RECEIVED BY REGISTRAR	S SIGNATURE	25. FUNERAL DIRECTOR	V /NC 715	LIGHT ST.
19	7	100 1 ₅₀ 1950			//	1 -30
	177		66151		09	5.0



(If outside corperate limits, write RURAL and give township) If Under 1 Year last birthday) | Months: Days | Hours: Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) . 19 57 that I last saw the M. From the causes and on the date stated above. 23c. DATE SIGNED (City, town, or county) ADDRESS VS 150

before admission)

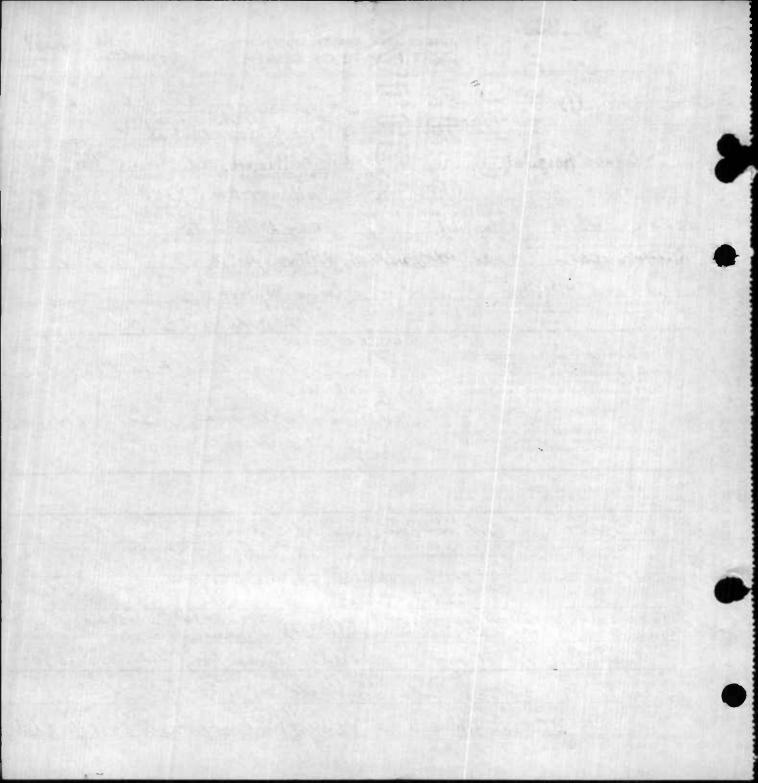


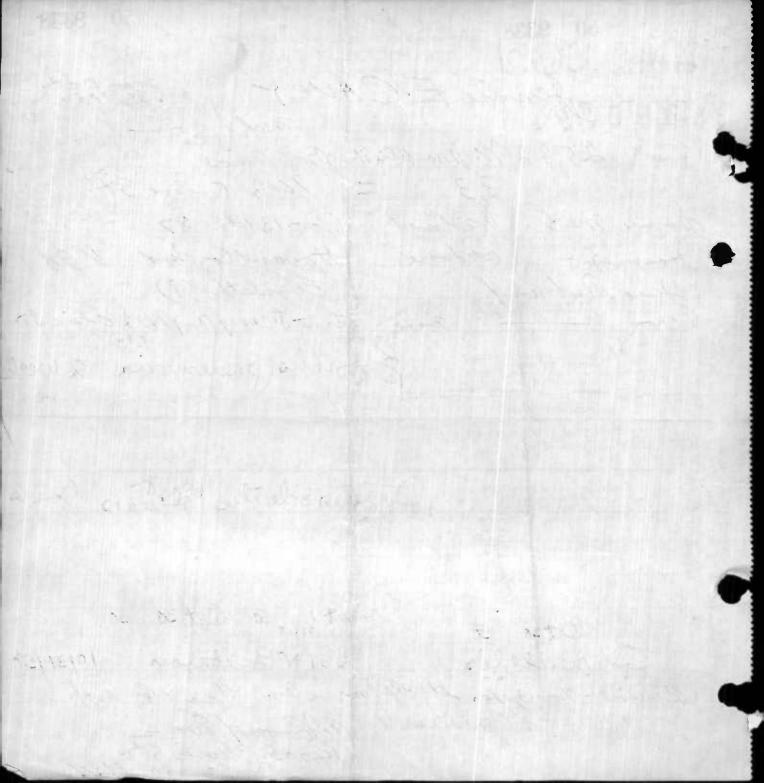
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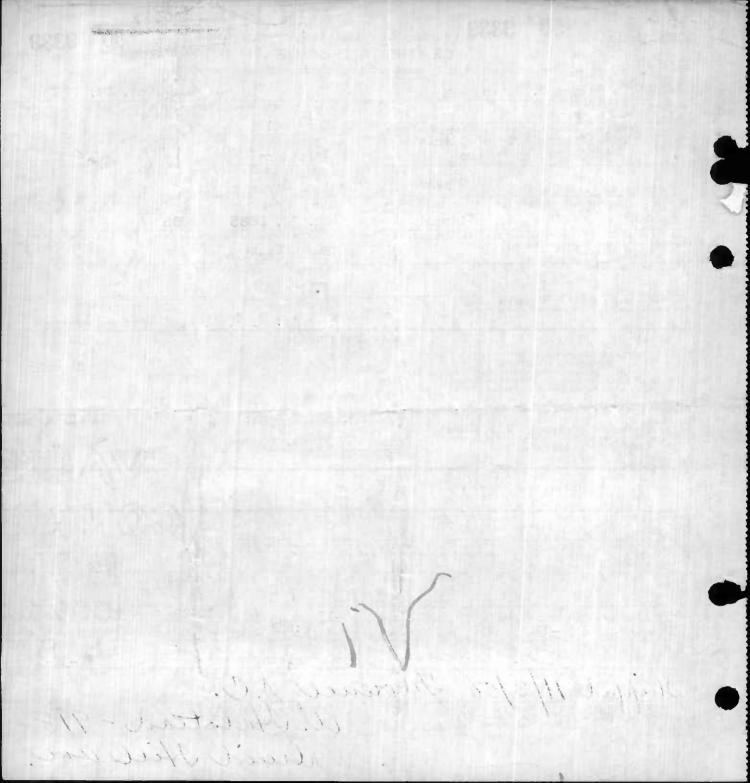
WHAT COUNTRY ADDRESS NTERVAL BETWEEN ONSET AND DEATH (If in Baltimore City, give exact location) , 195 Othat I last saw the m., from the causes and on the date stated above. 23C. DATE SIGNED 10/31/50 24D. LOCATION (City town, or county) ADDRESS

before admission)

12. CITIZEN OF





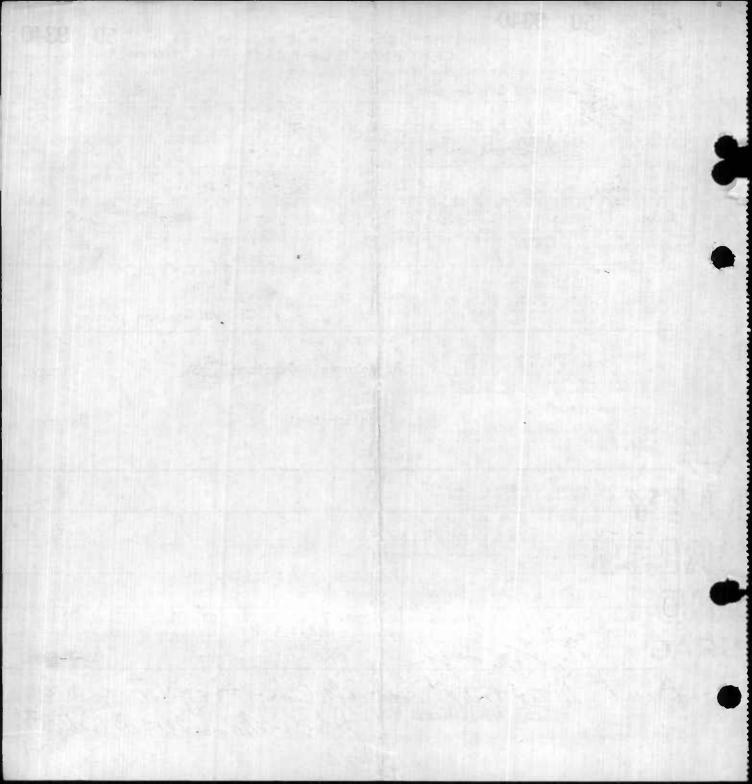


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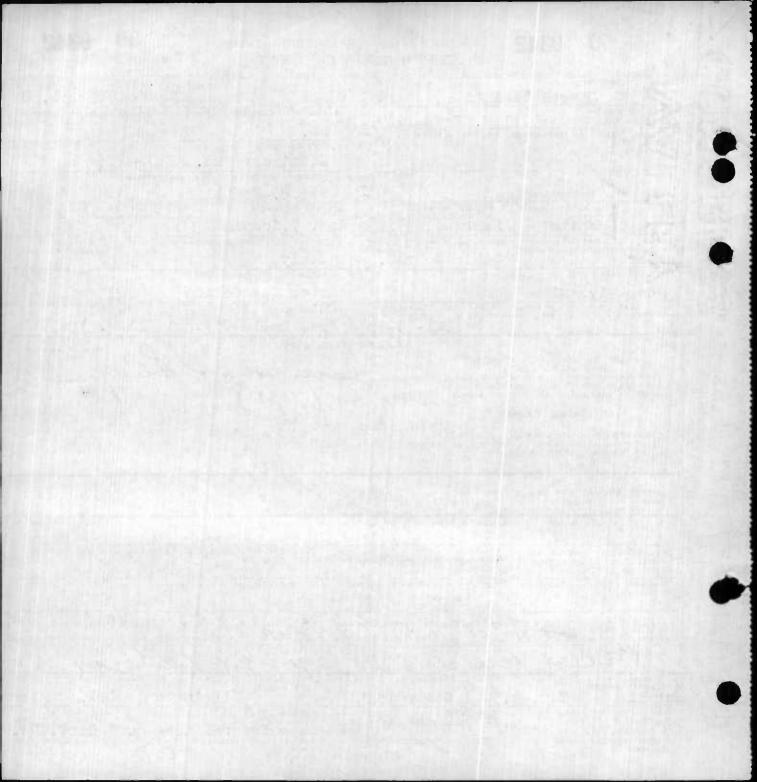


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WRITE PL

BIRTH	H NO.	50 9342		TIMORE CITY HE			50 9342 ered No.
1. NA	ME OF D	Joseph Vi	wioni			2. DATE OF	October 31.50
A. Ba	ACE OF D	EATH: City, Maryland 21	1 W. I	Franklin	A. STATE	1 0 271111	ved. If institution : residence
HOSP	ITUTION	Of (II hou in houping	ar or matrice	location)			e limits, write RURAL and give township
000		UNITED SE		9 Yrs.	D. STREET ADDRES	S (If rural, give location	on)
c. Le		tay in Baltimore		Days	211 W. Fr		, , , , , , , , , , , , , , , , , , , ,
Ma	le	White	Marr:		Apr. 9,1005	9. AGE (In yes last birthda;	ars H Under 1 Year H Under 24 Heur y) Months Days Hours Min
work don	ilor	CUPATION (Give kind of of working life, even if retired)	Schle	OF BUSINESS OR LOT HI MINDUSTRY	Italy	ate or foreign country)	12. CITIZEN OF WHAT COUNTRY
13. FA	ATHER'S N	IAME			14. MOTHER'S MAIL	DEN NAME	
		Viviani	LULET		Antonette	Galido	
15. W. (Yee, no.	or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY, NO.	17. INFORMANT Mrs. Bella	Viviani 2	ADDRESS 11 W. Franklin
FICATION	(c)						
CERTI	TRIBUTING	IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	D			
19	A. DATE C	OF OPERATION 1	98. MAJOR	FINDINGS OF OPER	RATION		20. AUTOPSY?
믭 는		ENT WAS UNDER. R CONTRIBUTING DEATH	21B. PLA	ACE OF INJURY (e. g., if farm, factory, street, office bldg.,	in or 21c. WHERE DIE etc.) INJURY OCCUR		City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY MHILE AT WORK AT WORK							
22 de	2. I hereb	y certify that I att			red at 5 30 7m.,	to Det . 31, from the causes and	19 57 , that I last saw the lon the date stated above
23	3A. SICHY	hililark l	ati:	gians M.D.	238. ADDRESS 2942 8	- Jayelles	6. Nov.
TION, I	REMOVAL (S	pecify)	4,50	64c. NAME OF CEMETE Cathedral	7 1	Wilmington	
LOCA	RECEIVE L REGIST	RAR		Miane, Mil	25. FUNERAL DIRECT		ADDRESS 6067 Harf. Rd.
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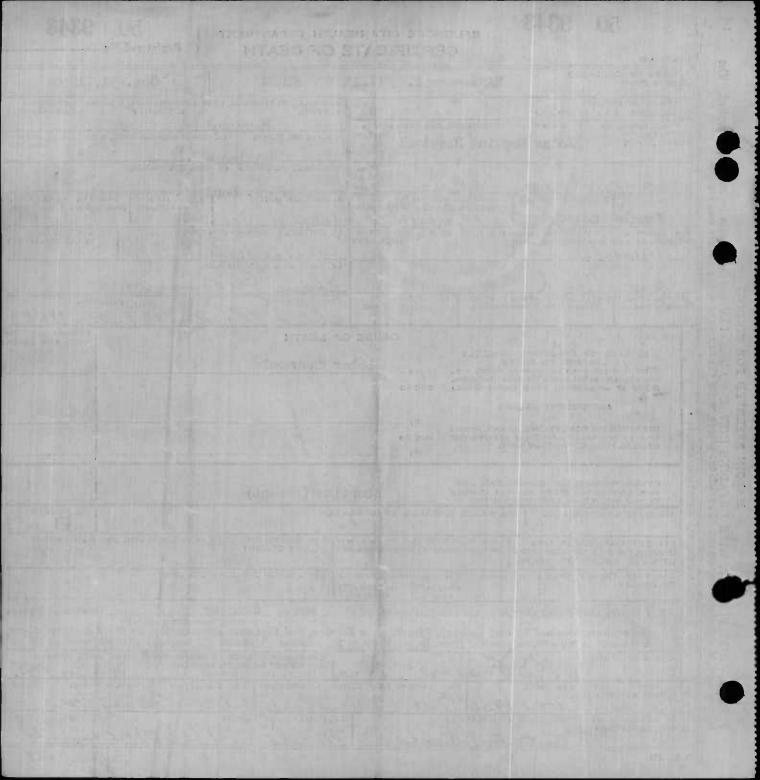
BALTIMORE CITY HEALTH DEPARTMENT

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BIRTH NO.	CERTIF	ICATE	OF DEATH	registereu z	NU
1. NAME OF DECEASED (Type or Print)	ARY E.	CLARK	EBRON	of Oct.	31, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or	institution, give street a		4. USUAL RESIDENCE (VA. STATE	B. COUNTY	institution : residence before admission)
HOSPITAL OR	ins Hospital	location)		outside corporate limi	ts, write RURAL and give township
c. Length of stay in Baltimore	10 7 Jun	Yrs. Mos. Days	Baltimor D. STREET ADDRESS (II	rural, give location)	-05
5. SEX 6. COLOR DR RACE 7.	SINGLE, MARRIED, WIDOWED, DIVORCED Markued		B. DATE OF BIRTH BOT	9. AGE (In years last birthday)	H Under I Yest H Under 24 Hours onths Days Hours Min.
	B. KIND OF BUSINES	S OR IDUSTRY	M. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN H.	AME	V
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no or unknown) (If yes, give war or dates of se	RCES? 16. SOCIAL ervice) SECURIT	TY NO.	17. INFORMANT	k 509 72	DDRESS
18. 490 x and 6.	4	AUSE O	F DEATH	<i>ye oo ji ja</i>	INTERVAL BETWEEN
DISEASE OR CONDITION DIR LEADING TO DEATH (This does not mean the mode of dy heart failure, asthenia, etc. It means the	ring, e.g., (A) ne disease,	Loba	r Pneumonia	•	***************************************
injury or complication which cause	d death.) DUE TO				
Z DISEASES OR CONDITIONS, IF AN' OF RISE TO THE ABDVE CAUSE (A) STA' UNDERLYING CONDITION LAST.				••••••	
OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT TO THE DISEASE OR CONDITION CAU	RELATED	Abort	ion (recent)		
	MAJOR FINDINGS O	OF OPERA	TION		20. AUTOPSY?
II (1 21a. EXTERNAL CAUSE WAS 4	1B. PLACE OF INJUR out home, farm, factory, street,			f in Baltimore City,	give exact location)
21D. TIME (Month) (Day) (Year) (Hot OF INJURY	WHILE AT	OCCURRED NOT WHILE	21F. HOW DID INJURY	OCCUR?	
22. I certify that I took charge of the evidence obtained by said and death in my opinion rest	d Autonsu. Inspect	ion or In	auiry, find that said de	Inspection or Inquiry eccased died on th	thereon and from the day stated above undetermined □.
23A. SIGNATURE RS F.	rober	M.C	238. CHIEF MEDICAL ASSISTANT MEDICAL	EXAMINER 23	ct. 31, 1950
24A. BURIAL. CREMA: 24B. DATE TION, REMOVAL (Specify) 7002, 19	50 Mil. (a. Crusi	or county) (State)
DATE RECEIVED BY REGISTRAR'S SILLOCAL REGISTRAR	GNATURE	100	5/FUNERAL DIRECTOR	7 800. Mr	ADDRESS

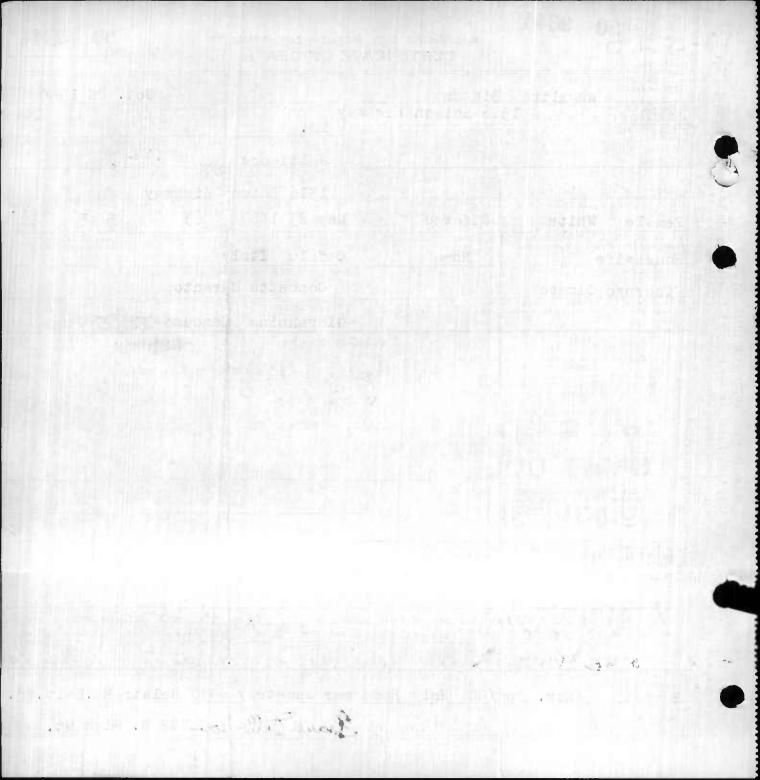
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BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) OF Angelina Bianca DEATH Oct. 28 3. PLACE OF DEATH: 3. PLACE OF DEATH:

A. Baltimore City, Maryland 1316 Edison Highway 4. USUAL RESIDENCE (Where deceased lived, If institution: residence hefore admission and hefore admission before admission be hefore admission) (If not in hospital or institution, give street address or Md. HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 1316 Edison Davs Highway 6. COLOR OR RACE 5. SEX ff Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) WIDOWED DIVORCED (Specify) 6 st birthday) Months Days Hours Min. May 23 1887 White Female 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? Cefalu Home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Vincenzo Cicero Concetta Maranto 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Giovannina 711 G. PRESTON Mancuso INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES CATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. RTIFI (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 4 Ü 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT, SUICIDE. 21c. WHERF DID (If in Baltimore City, give exact location) ō HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? ш 21D. TIME (Month) (Day) (Year) (Hour) 21F. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! deceased alive on 10-28, 1988, and that death occurred at m. 123A. SIGNATURE 10-25 _, 19. Othat I last saw the m., from the causes and on the date stated above. 23c. DATE SIGNED 10-31-50 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B, DATE 24c. NAME OF CEMETERY OR CREMATORY Holv Redeemer Cemetery 4430 Belair Rd.Balt.Md. 2nd/ Burial Nov. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR VS 150 一名中,一次是一个一个一个



_	'ype or Print)	GEOR SEATH	GE H.	B. KAH	L	2. DATE OF DEATH	30/50
Α.	PLACE OF D Baltimore (City, Maryland		ion, give street address	4. USUAL RESIDENCE (A. STATE	Where deceased lived. B. COUNTY	lf institution : resi before ac
HC	OSPITAL OR ISTITUTION	Sinai Ho		locatio		f outside corporate lir	nits, write RURAL
c.	Longth of s	tay in Baltimore		Yrs Mos	3000 Ridgewood		
5.	SEX SEX	6. COLOR OR RACE	7. SINGLE	Day E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Un
	Male	White	Wido		Sept.27,1875	75	Months Days Hou
work	k done during most o	CUPATION (Give kind of of working life, even if retired)		OF BUSINESS OR	11. BIRTHPLACE (State or)	foreign country)	12. CITIZEN C
12	Barbe		Barber	Shop Owner	Baltimore, Md		U.S.A.
13.	FATHER'S		** 1.7		14. MOTHER'S MAIDEN N		
15	WAS DECEASE	John Justi			Sophia Fred	lericks	
(Yes	no or nnknown)	(If yes, give war or date	e of service)	16. SOCIAL SECURITY NO NONE	Morris R. Kahl,	3009 Ridgew	ood Ave.
z	(This does heart failu	SE OR CONDITION LEADING TO DEA' s not mean the mode ure, asthenia, etc. It mes complication which of	TH of dying, e. g ans the disease caused death	(A)	E OF DEATH REMIA EPHROSCLERO	9878	Wea
CERTIFICATION	DISEASE: RISE TO T UNDERLY OTHER S TRIBUTING	LEADING TO DEA' s not mean the mode of tre, asthenia, etc. It mes complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II BIGNIFICANT CONDITIONS TO THE DEATH, BUT	TH of dying, e. g ans the disease caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE	(C) CH	REMIA PHROSCLERO RONIC PVELO	DEPHRIT	Vea Yea
CERTIFICA	OTHER STRIBUTION TO THE D	LEADING TO DEA' s not mean the mode of the asthenia, etc. It mest complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA II SIGNIFICANT CONDITIONS TO THE DEATH, BUT DISEASE OR CONDITION	TH of dying, e. g ans the disease caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE CAUSING IT	(C) CH	REMIA PHROSCLERG RONIC PYELD GN HYPERTP	DEPHRIT	Vea Vea 13 0577E-
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DICAL CERTIFICA	DISEASE: RISE TO TUNDERLY OTHER STRIBUTING TO THE DISEASE: RISE TO TO TO THE DISEASE: RISE TO TO TO THE DISEASE: RISE TO TO THE DISEASE: RISEASE: RISE TO TO TO THE DISEASE: RISE TO TO T	LEADING TO DEA' s not mean the mode of the asthenia, etc. It means the mode of the asthenia, etc. It means the mode of the asthenia, etc. It means the asthenia of the asthenia of the asthenia of the asthenia of the death, but the asthenia of t	TH of dying, e. g ans the disease caused death SES IF ANY, GIVIN STATING TH AST. ITIONS CON NOT RELATE N CAUSING IT 9B. MAJOR 21B. PLA about home, fe	(B) NO C H	REMIA PHROSCLERG RONIC PYELO WHERE DID INJURY OCCUR? RED 21F. HOW DID INJUR	OPHI OF PE	Yea Yea 20. AUTC YES 20. AUTC
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MEDICAL CERTIFICA	DISEASE (This does heart failus injury or DISEASE: RISE TO TUNDERLY) OTHER STRIBUTING TO THE DISEASE HOMICIDE HOMICIDE CONTROLLS 21A. ACCIDE HOMICIDE OF INJURY	LEADING TO DEA' s not mean the mode of the asthenia, etc. It mest complication which of the asthenia, etc. It mest complication which of the asthenia, etc. It mest complication which of the asthenia complication is of the condition of the death, but disease or condition of operation of the death, surprisease or condition of the death, surprisease or condition of the death of the	THOMS con NOT RELATE CAUSING IT 9B. MAJOR 21B. PLA about home, for the causing it was a caused death.	(C) CH (B) CH (C) CH	REMIA PHROSCLERG RONIC PYELO WATER TOU ERATION RED 21c. WHERE DID RED 21f. HOW DID INJURE O/3 1907, to/6	OFPHAN OPHY OF RE	Yea Yea 20. AUTO YES , give exact locations, that I last

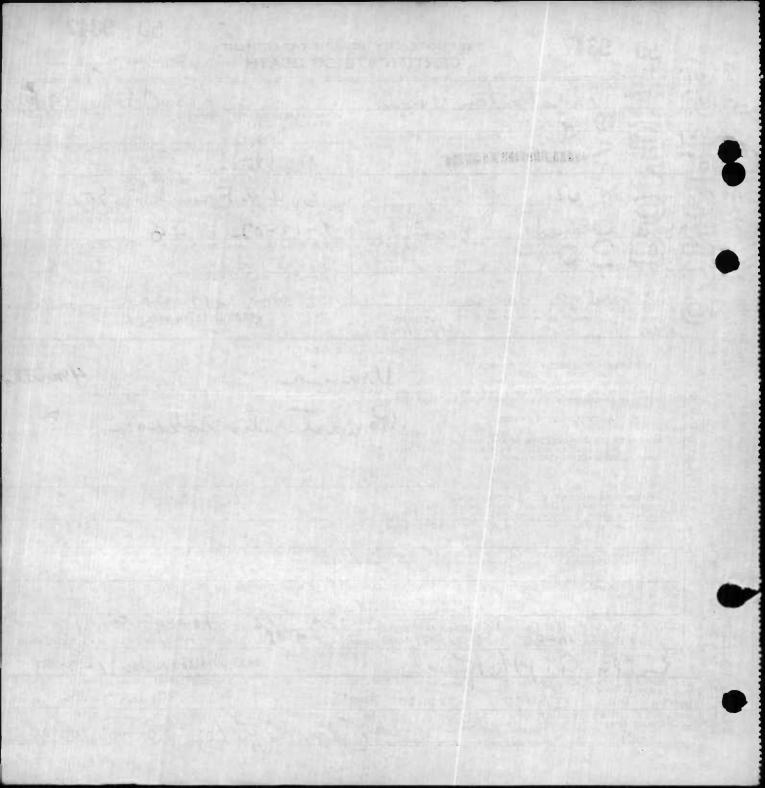
Im Justice Kd. Doppie Fredricks

В	J-520 BIRTH NO. 50- 3346			OF DEATH	ENT Regi	st50 No. 9	346
	NAME OF DECEASED Type or Print) VAS	SHTI E.	JO	NES	2. DATE OF DEATH	October 3	31, 1950
A B		ital or institution, give	street address or	4. USUAL RESIDEN A. STATE Maryland	B. CO	YTAL	before admission
	OSPITAL OR NSTITUTION Baltimore	City Hospita	1	Baltimore D. STREET ADDRES		25-5	e RURAL and give township
rementant	. Length of stay in Baltimore	8	Mos.	2421 S. P	aca Street		
	Female Colored	VIDOWED, DIV	OFICED (Specify)	2/17/19C	00	nday) Months	Year H Under 24 Hours Days Hours Min.
wor	OA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired	10B. KINDOF BU	SINESS OR INDUSTRY	Ballo	ate or foreign country		CITIZEN OF WHAT SOUNTRY
1:	3. FATHER'S NAME			May mail	HOURS		
(X	5. WAS DECEASED EVER IN U. S. ARM esano or unknown) (If yee, give war or da		CURITY NO.	LICINS C	Jones 24	ADDRE	gs st
RTIFICATION	DISÉASE OR CONDITION LEADING TO DE (This does not mean the mode heart failure, asthenia, etc. It m injury or complication which ANTECEDENT CAL DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION	ATH of dying, e. g., eans the disease, caused death.) JSES IF ANY, GIVING () STATING THE DU LAST.	Asphyxis E TO aspir E TO CO	etion of von	itus		
ш	OTHER SIGNIFICANT CONI TRIBUTING TO THE DEATH, BU TO THE DISEASE OR CONDITION	T NOT RELATED	Malnutr	rition			
LC	19a. DATE OF OPERATION	19B. MAJOR FINDIN	NGS OF OPERA	TION			YES NO
MEDICA	21A. EXTERNAL CAUSE WAS UNDERLYING & OR CONTRIBUTING CAUSE OF DEATH	r) (Hour) 21E. INJ	tal URY OCCURRED	Baltimore 21F. HOW DID I	City Hosp.	4940 Eas	26-5
	October 31, 1950	? Pm. WHILE AT	NOT WHILE X	Λ.	of vomitus		
	the evidence obtained by and death in my opinion	y said Autopsy, In	spection or In	quiry, find that s \Box , accident \Box , so	topsy, Inspection or aid deceased dicuicide [], homici	Inquiry d on the day de [], undete	ermined .
	23A. SIGNATURE	SFrohe	M.D	ASSISTANT MED MEDICAL INVES		10-	TE SIGNED
	4A. BURIAL, CREMA- 24B. DATE ON REMOVAL (Specify)	150 mi	Ouls	Y OR CREMATORY	13 CLAS	ity, town, or cou	inty) (State)
	ATE RECEIVED BY REGISTRA	R'S SIGNATURE	1.12 2.11	Las Tuneral Diver	Corper :	5/2 Car	weethan
V	S 151 1/933.0	- W			Y	19.	dV

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	50	9347	BA		EALTH DEPARTMENT		
ВІ	IRTH NO.			CERTIFICAT	E OF DEATH	Registered No	
	NAME OF DI ype or Print)	WAMA	nes ten	James		2. DATE OF DEATH OCT	Jan Pa, 1950
Α.		City, Maryland			4. USUAL RESIDENCE		stitution: residence before admission)
H	FULL NAME OSPITAL OR ISTITUTION			tion, give street address or location)		If outside corporate limits,	
	33	SATED U	OPKINS HOSE		Bulting	me 17-	township)
c.	Length of st	tay in Baltimore	Life Life	Yrs. Mos. Days	654W.	f rural, give lecation)	5+.
5.	SEX	6. COLOR OR RAC		E. MARRIED, WED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday) Mont	der I Year II Under 24 Hours hs Days Hours Min.
10		CUPATION (Givekin		D OF BUSINESS OR		foreign country)	2. CITIZEN OF
1	LAMB. FATHER'S N	of working life even if retir	Box (Company M	Ballo m	d-	WHAY COUNTRY?
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	heart failu	re, asthenia, etc. It is complication which	means the diseas	se,		• • • • • • • • • • • • • • • • • • • •	
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TIFIC		ring condition		(C)			
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L CE	TRIBUTING	II SIGNIFICANT CON	NDITIONS CO BUT NOT RELATION CAUSING	DN -	RATION	× .	20. AUTOPSY?
AL CE	TRIBUTING TO THE D 19A. DATE O	II SIGNIFICANT CON 3 TO THE DEATH, B	NDITIONS CO BUT NOT RELAT TOON CAUSING 19B. MAJOR	DN - FED IT	RATION in or 21c. WHERE DID	(If in Baltimore City, giv	YES NO
L CE	TRIBUTING TO THE D 19A. DATE O 21A. ACCIDE HOMICIDE	SIGNIFICANT CON 3 TO THE DEATH, B DISEASE OR CONDIT OF OPERATION ENT. SUICIDE. (Specify)	NDITIONS CO DUT NOT RELAT TON CAUSING 19B. MAJOR 21B. PL about home,	ACE OF INJURY (e.g.,	in or 21c. WHERE DID (etc.) INJURY OCCUR?	(If in Baltimore City, give	YES NO
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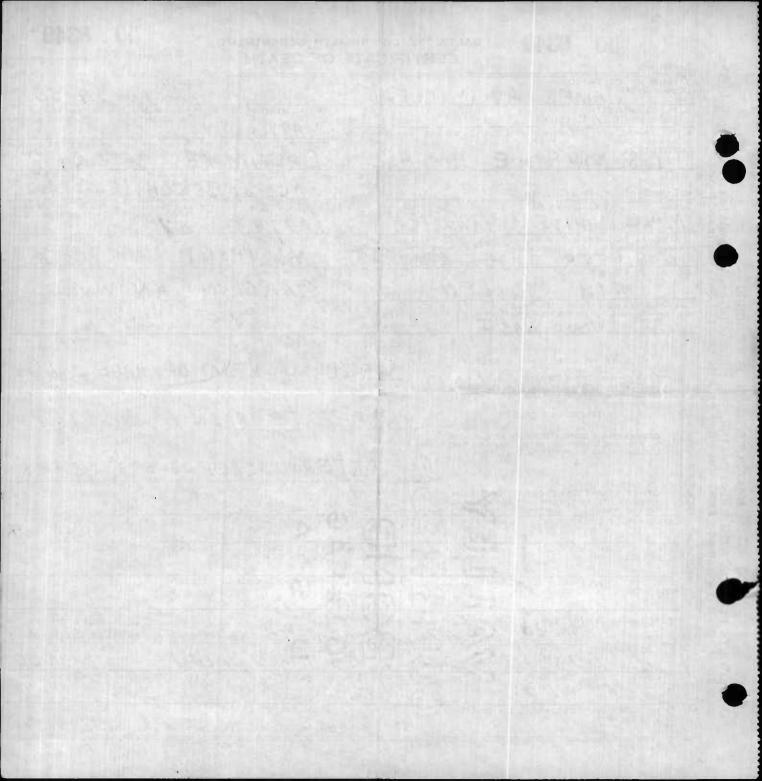


allins 1847 W. north live. BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) OF upplied. EAANCES DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence 1317270 A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 1704 23 1000 legibly D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days and 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (Myears | 1 Under 1 Yeer | It Under 24 Hours | Months Days Hours Min. plnou EEMALE WHITE MARRIED 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? FOUSEWIEE 120 informati s of death 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5 AMUEL 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMAN ADDRESS (Yes, no or unknown) (If yee, give wer or dates of service) SECURITY NO. causes 0 W. Fou Jo INTERVAL BETWEEN item 2 CAUSE OF DEATH certensive C-V. Ducesse the DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Every (This does not mean the mode of dying, e. g., RESERVED write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. 0 DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: p 4 UNDERLYING CONDITION LAST. (C) 11 RT OTHER SIGNIFICANT CONDITIONS CON-Ш TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Y, WITH important. 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE. 218. PLACE OF INJURY (e.g., in or EDI (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT NOT WHILE! especial AT WORK WORK 1900 that I last saw the 22. I hereby certify that I attended the deceased from_ 19 WRITE 1950 and that death occurred at_ IIm., from the causes and on the date stated above. deccased alive on 10 238. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 8 98 sward PR CREMATORY (City, town, or county) 24A(BURIAL, CREMA-(State) H 24B. DATE 24c. NAME OF CEMETERY 24D. Q TION REMOVAL (Specify) correct DATE RECEIVED BY 25. FUNERAL DIRECTOR ADDRESS REGISTRAR'S SIGNATURE LOCAL REGISTRAR V\$ 150

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	50	9349 ва		EALTH DEPARTMEN E OF DEATH	IT Registered No	9349
11==	NAME OF DECEASED					
('	Type or Print) JAM	ES A. C	ULLEN		2. DATE OF DEATH / 0 -	29-50
	PLACE OF DEATH: Baltimore City, Ma	ryland		4. USUAL RESIDENCE	(Where deceased lived, If in B. COUNTY	stitution : residence before admission
	FULL NAME OF (If	not in hospital or institu	tion, give street address or location)		D	
	NOTITUTION MO	RINE	Hospital	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and gi
1	7	11/14 6	Yrs.	D. STREET ADDRESS	(If rural, give location)	
c	Length of stay in B	altimore	Mess Dave.	306 5.	BEECHFIE	LD AVE,
5	MALE WH		E, MARRIED, WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years If U last birthday) Mon	nder 1 Year H Under 24 Hours Min
10	A. USUAL OCCUPATIO	N (Give kind of 1990K-IN	D OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	2. CITIZEN OF
-	ENGINEE A	? HET	ADMIN	MARYL	AND	WHAT COUNTRY
	SIMON	CULLE	N	CAROL		NLES
(Y	S. WAS DECEASED EVER IN (If yes, g	V U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	Rearly	DRESS
	18. 33/		CAUSE	OF DEATH		INTERVAL BETWEE
		I ONDITION DIRECTLY				ONSET AND DEAT
	(This does not mean heart failure, astheni	G TO DEATH of the mode of dying, e. ia, etc. It means the disea tion which caused deat	ise.	EBRAL HE	MMORRHAG	t 24 hrs
7		DENT CAUSES	HV	PERTENSI	ON AND	144
ATIO	DISEASES OR CON RISE TO THE ABOVE UNDERLYING CO	NDITIONS, IF ANY, GIVE CAUSE (A) STATING TO	ING THE DUE TO			
FIC/			$\Delta \epsilon$	TERIOSCL	FROSIS	WEARS
RTIF		-11		1 - 110 - 562		76///3
CER	TRIBUTING TO THE	ANT CONDITIONS CO	TED			
,	19A. DATE OF OPERA	TION 198. MAJOR	R FINDINGS OF OPER	RATION		20. AUTOPSY?
CA						YES NO
MEDICA	HOMICIDE (Specify		ACE OF INJURY (e. g., i , farm, factory, street, office bldg.,		(If in Baltimore City, gi	ve exact location)
-	21D. TIME (Month) ((Day) (Year) (Hour)	21E. INJURY OCCURR		JRY OCCUR?	
		m.	WHILE AT NOT WHILE AT WORK			
	22. I hereby certify deceased alive on L	that I attended the		rred at//:55 Pm. from	n the eauses and on the	that I last saw the
	23A. SIGNATURE	Ort-		3B. ADDRESS	/	23c. DATE SIGNED
_	(Auren	Vitterm	one M.D.	1.3. Marine H	esport	10-30-30
TI	4A. BURIAL, CREMA- 2 ON, REMOVAL (Specify)	48. DATE	24C. NAME OF CEMETE	Lul 246	ECATION (City, town, o	r county) (State)
D	ATE RECEIVED BY R	REGISTRAR'S SIGNAT	URE	25 FUNERAL DIRECTO	OR .	ADDRESS
L	NOV 1 1051		D 417	Seorge & Fart	ly Tutto anew	Fritte Str
	VS 150	toute at	" / Whatel / Mal	22011	J	1020
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PLYSE WRITE PICALY, WITH UNFADING INK. Every item of informat should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

C-640 9350

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

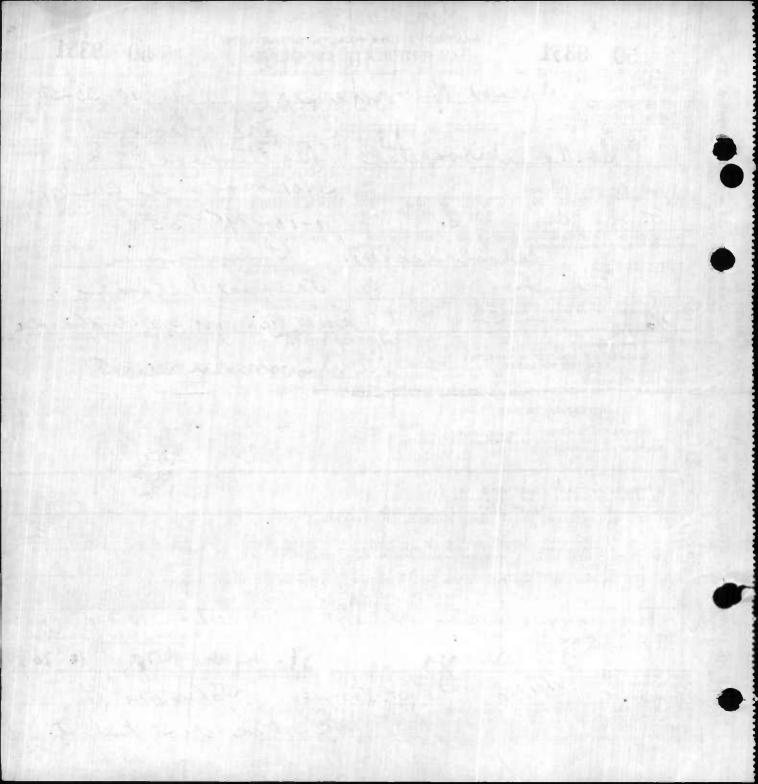
Register 300 9350

BI	RTH NO.	0					
1. (T	NAME OF DECE		OT T			2. DATE OF MONUME	BER 1 1950
9	PLACE OF DEAT	ANNA CARR	OLL.		L 4 MONAY DECIDEN		
A.	Baltimore City,	, Maryland B	ALT IM	ORE CITY.	4 STATE WOOD	CITY. B. COUNTY CITY.	before admission)
H	OSPITAL OR			location)	C. CITY OR TOWN	(If outside corporate limits,	write RURAL and give
	ISTITUTION	2828 Maryl	and Ave	enue	BALTIMORE	1 -	- 16 township)
				Yrs.		S (If rural, give location)	
C	Length of stay	in Raltimore	LIFE	Mos. Days	2828 MARYL	AND AVE	
-		OLOR OR RACE	7. SINGL	E. MARRIED.	8. DATE OF BIRTH	9. AGE (In years It	Inder 1 Year If Under 24 Hours
		white	MIGO		Nov. 12, 1871	78	ths Days Hours Min.
10 vorl	A. USUAL OCCUP	ATION (Give kind of king life, even if retired)		O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta		12. CITIZEN OF WHAT COUNTRY?
	housevil	е	own ho	ome	Baltimore, I	Maryland	WHAT COUNTRY
13	FATHER'S NAM	E			14. MOTHER'S MAIL	DEN NAME	
	George T.	Schafer			Mary D. Wa	lien	
15	. WAS DECEASED EN	VER IN U. S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		DRESS
IR	t, no or uokoowo) (I	il yes, give war or dates	of service)	SECURITY NO.	Tone Crilmer		
	10 1/ 0 0	,				n. 2828. Maryland	INTERVAL BETWEEN
4	18. 422.			CAUSE	OF DEATH		ONSET AND DEATH
	DISEASE C	OR CONDITION ADING TO DEAT	DIRECTLY TH	APOPLE	XV	OCTOBER 24	1950.
	(This does not	ADING TO DEAT mean the mode of sthenia, etc. It mea	f dying, e.	g., (A)	₹ 7.1° 0	THE STATE OF THE S	1900.
	injury or com	plication which c	aused deat	h.) DUE TO			
	ANT	TECEDENT CAUS	ES	OUDONT	O MILOCARDITM	170	3050
Z				(日)	C MYOCARDIT	15	1950
RTIFICATION	RISE TO THE	R CONDITIONS, 11 ABOVE CAUSE (A) S CONDITION LA	STATING T	NG HE DUE TO			
CA	ONDEREITING	S CONDITION EX	151.	ADTTO	IOR SCLEROS	TC	1950
L		11		_(C)	TON DOILDINGS	T # 2 ·	1930
R	OTHER SIGN	IFICANT CONDI	TIONS CO	N -			
CE	TRIBUTING TO	THE DEATH, BUT	NOT RELAT	ED CHRONIC IN	TERSTITAL N	EPTHRITIS	1950
	19A. DATE OF O			FINDINGS OF OPER			20. AUTOPSY?
AL	NONE	0		NON			YES NO
EDICAL	21A. ACCIDENT. HOMICIDE (S	SUICIDE.	21B. PL	ACE OF INJURY (e. g., in farm, factory, street, office bidg., e	a or 21c. WHERE DIE		ve exact location)
Σ	21p TIME (Mon	th) (Day) (Year)	(House) 1	21E. INJURY OCCURRI	ED 21F. HOW DID I	NUIDY OCCUP?	
	OF INJURY	in) (Day) (Tear)			ED ZIF. HOW DID I	NOOR! OCCUR!	
			m.	WORK AT WORK			
	22. I hersbuce	rtify that I att	ended the	deceased from APR	IL 2 1950	to NOV 1 , 1950,	that I last saw the
	deceased alive	onNOV 1	750	and that death occur	red at 1.30 nAM	rom the causes and on the	e date stated above.
	Z34. SIGNATURI		2// -		3B. ADDRESS		23c. DATE SIGNED
	Such	0/14	elle	elle M. D. 3	013 ST PAUL	STREET	NOV. L 1950
24	AA. BURIAL, CREM ON, REMOVAL (Specif	A. 24B. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LOCATION (City, town, o	or county) (State)
110	burial	77/2/51		Landau Tani		Baltimore,	Mary Land
	ATE RECEIVED BY	Y REGISTRAR	S SIGNATI	Loudon Park	25. FUNERAL DIREC		ADDRESS
	CAL REGISTRAR	Theretway	tor I'm	limina, Maria		Re. 1217 St. Paul	. Street
T	V vs 15050				1.1		
0	1,0,000						1310

ORR LET ME	AT A 10 10 20		
Residence of the control of the cont			

K-456 BALTIMORE CITY H	EALTH DEPARTMENT
-0 00E4	E OF DEATH Register No. 9351
1. NAME OF DECEASED Sarah Kleen	2. DATE OF 10-30-50.
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where dcceased lived, If institution: residence before admission)
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION A. A	C. CITY OR TOWN (If pytiside corporate limits, write RURAL and give township)
C. Length of stay in Baltimore Tays	D. STREET ADDRESS (If rural, give location) 3901 Produced) aug (2).
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years II Under I Year II Under 24 Hours In June 1 II Under 24 Hours II Under 25 II Under 26 Hours II Under 26 Hours II Under 26 Hours II Under 27 II Under 27 II Under 28 II U
10A. USUAL OCCUPATION (Give kip) of 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAMED Trances malone.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give wer or dates of service) SECURITY NO.	17. INFORMANT ADDRESS Ross W Kleinswall 3901 Wandhida Um
18. 33/X CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	WM 001 CULAN BULLAND
injury or complication which caused death.) DUE TO	
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	
21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, (arm, factory, atreet, office bidg.,	n or 21c. WHERE DID (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY WHILE AT NOT WHILE	
m. WORK AT WORK	
22. I hereby certify that I attended the deceased from deceased alive on 1930 1950, and that death occur	19 19 to 10/30 , 19 50 that I last saw the
	rred at / m., from the causes and on the date stated above. 23B. ADDRESS 23C. DATE SIGNED
Koaramar, M. D.	St- ug lu (Lop (0-70-50
24A. DURIAL, CREMA- 24B, DATE 240 NAME OF CEMETE	RY OR CREMATORY 24b. LOCATION (City, town, or county) (State)
DATE RECEIVED BY REGISTRAR'S SIGNATURE.	25 FUNERAL DIRECTOR ADDRESS
LOCAL REGISTRAR	25. FUNERAL DIRECTOR ADDRESS
VS 150	ver son the stif I suit I

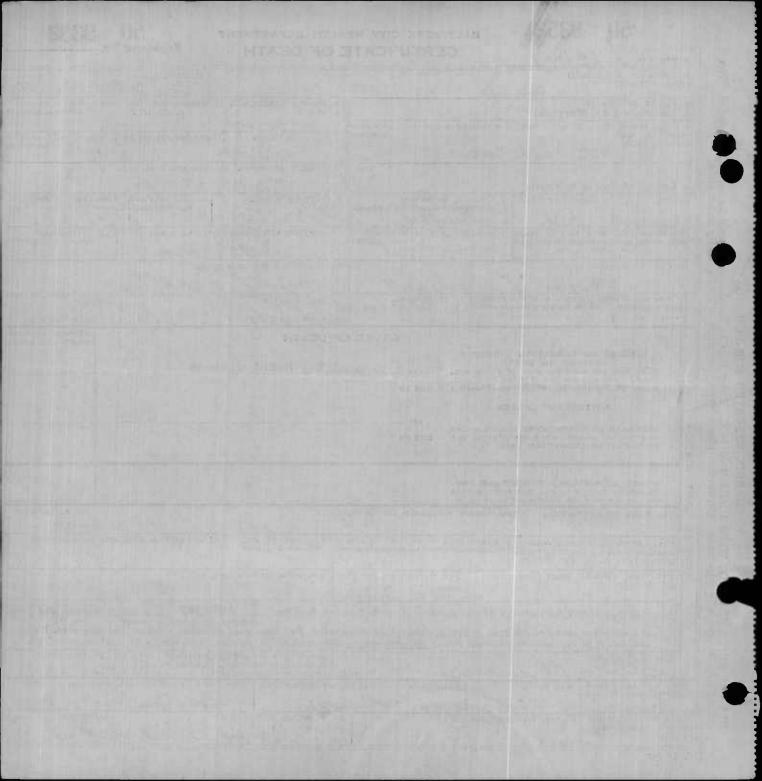
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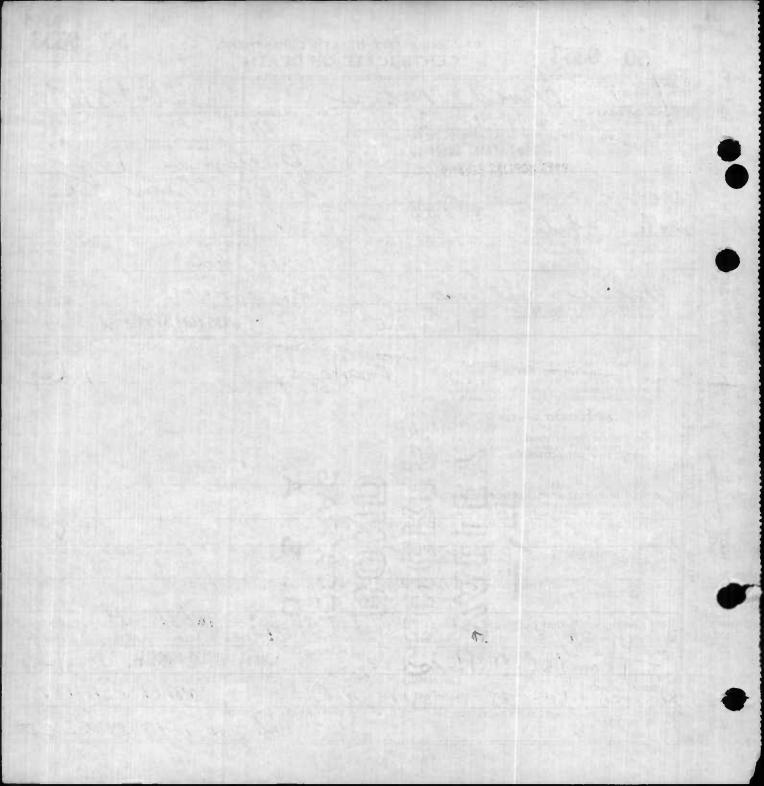
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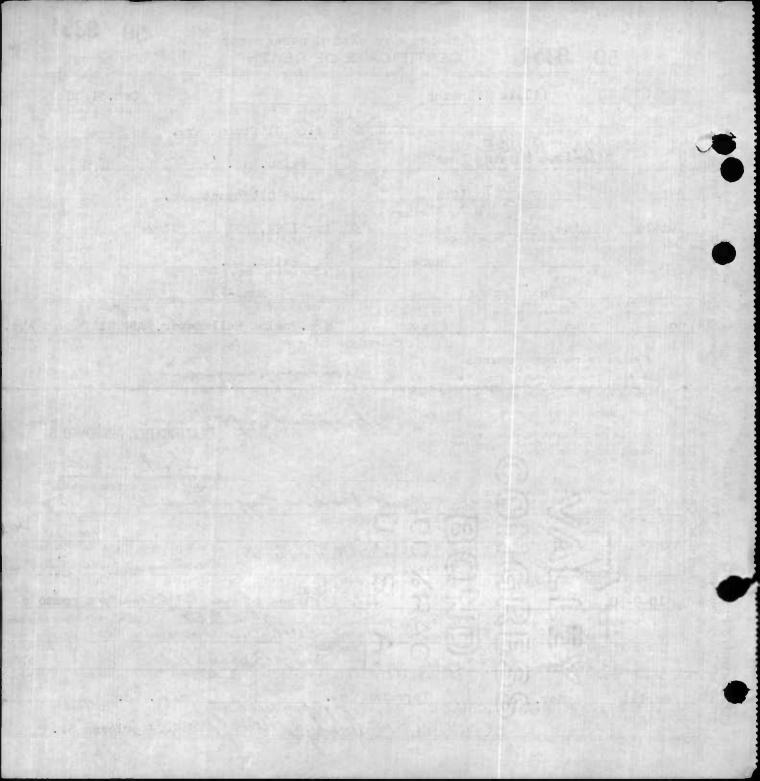
00	3332			ALTH DEPART				9352
BIRTH NO. 50 - 2.	3049	CER	RTIFICATI	E OF DEAT	Н	Register	ed No.	
1. NAME OF DECEAS (Type or Print))RA	SUBOCK		1	OF DEATH	ctober	r 31, 1950
3. PLACE OF DEATH:				4. USUAL RESIDE	ENCE (Whe		ed. If instit	
B. FULL NAME OF HOSPITAL OR INSTITUTION		r institution, give	e street address or location)	Mary:				ite RURAL and giv
29	15 Poplar T	errace			imore	/	5 = 4	township
c. Length of stay in	Baltimore		Yrs. Mos. Days	D. STREET ADDRE		Terrace		
	LOR OR RACE 7.	SINGLE, MAR WIDOWED, DI	VORCED (Specify)		0 9	. AGE (In year last birthday)	Months	Days Hours Min.
10A. USUAL OCCUPA' work done during most of worklo	TION (Give kind of 10	B. KIND OF BI		11. BIRTHPLACE (S	State or forei			CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME			4.	14. MOTHER'S MA	IDEN NAM	E As	1	
15. WAS DECEASED EVE	PINII S APMEDIE	July DRESS LIES	OCIAL	Loriso	Z. X	uerlo	ng	
(You, no or unknown) (If)	res, give war or dates of s		ECURITY NO.	17. INFORMANT	nek 2	915 806	Con K	ANICS
Z DISEASES OR CRISE TO THE AB	CONDITION DIF CONDITION DIF CONDITION DIF CONDITIONS, IF ALL CONDITIONS, IF ALL CONDITIONS, IF ALL CONDITIONS, IF ALL CONDITION LAST.	lying, e.g., the disease, led death.) D NY, GIVING ATING THE		of DEATH	diseas	Se .		INTERVAL BETWEE
TRIBUTING TO T	II ICANT CONDITION HE DEATH, BUT NOT OR CONDITION CA	T RELATED						
U 19A. DATE OF OPE	ERATION 198.	MAJOR FIND	INGS OF OPER	ATION				20. AUTOPSY?
21A. EXTERNAL C UNDERLYING UTING CAUSE	OR CONTRIB- at	218. PLACE OF bout home, farm, factor	INJURY (e. g., it pry,street, office bldg.,	a or 21c. WHERE D		n Baltimore C	ity, give e	exact location)
Z 21D. TIME (Month OF INJURY) (Day) (Year) (He	our) 21E. IN WHILE AT WORK	NOT WHILE		INJURY C	CCUR?		
22. I certify the	at I took eharge	of the remai	ins described o	ibovc, held an	Auto		th	creon and from
the evidence and death in	obtained by san my opinion res	id Autopsy, 1 sulted from:	nspection or l	Inquiry, find that A, accident [],	said dece	pection or Inquascd dicd of homicide [n the do	ay stated above termined [].
23A. SISNATURE	K/N	eulas	lur	238. CHIEF ME ASSISTANT ME D. MEDICAL INV	EDICAL EX	AMINER		ATE SIGNED
24A. BURIAL. CREMA TION, REMOVAL (Specify	248. DATE	24c. N	AME OF CEMETE	RY OF CREMATORY	24D. LOC	ATION (City, t	town, or co	ounty) (State)
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S S	BIGNATURE		25. FUNERAL-DIR	RECTOR	131754	Par	DRESS
V S 151	77		1.1.	0 - 8011	JAC.	7	1000	
1 . 5 . 2,2	- 0					1	57	e.



H-452	-0 00-0
BALTIMORE CITY HEALTH DEPARTMENT	50 9353
CERTIFICATE OF DEATH Register	ed No
1. NAME OF DECEASED DAVID NELDO OF DEATH CONTROL OF DEATH	1.31,1950
3. PLACE OF DEATH: A. Baltimore City, Maryland Hall 3 U A. STATE B. COUNT	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION C. CITY OF OWN (If outside corporate	limits, write RURAL and give
Yrs. D. STREET ADDRESS (If ruch) give Acation	
c. Length of stay in Baltimore Mos. Days 2205 Culau	
5. SEX 6. COLOF OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In year last birthday)	Months Days Hours Min.
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired) 1NDUSTRY	12. CITIZEN OF WHAT COUNTRY?
Monroe N.C.	WIIA, GOOKINI,
Willie Lelms Mary F Helms.	
15. WAS DECEASED EVER IN U. S. A/MED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	ADDRESS
18. 353.3 CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY ENGINE	1 100
(This does not mean the mode of dying, e.g., (A) heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	1 out
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	
(c)	
OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in or INJURY OCCUR? About home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	ity, give exact location)
HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
m. work AT WORK	
deceased alive on 10/3/, 1950, and that death occurred at 2 5m., from the causes and	19 5 , that I last saw the
23A. SIGNATURE C. McPason M. D. 23B. ADDRESS HOLLS HOSPITA	LOG- DIME CICKED
24A. BURIAL CREMA. 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, 1) TION REMOVAL (Specify) Nov-1-50 Mmroe N.C. North	
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR	ADDRESS
	St David ST
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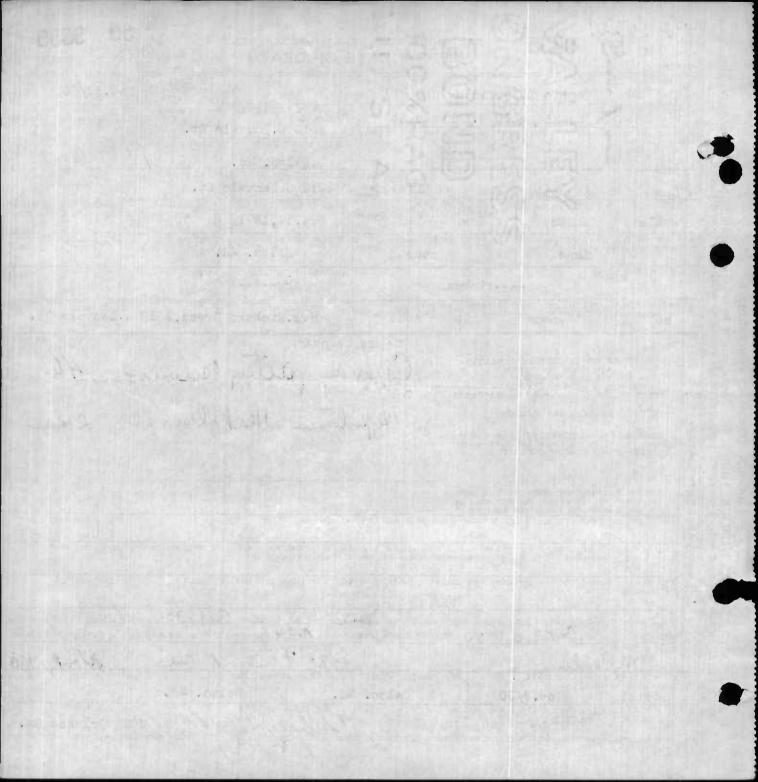
	5-3	20					50	9354
10	IRTH NO.	50 9354		CERTIFICAT			Registered	
1.	NAME OF Diype or Print)		lie M.Sc	hutz			2. DATE . OF DEATH OC	t.31/50
	PLACE OF DI	EATH: City, Maryland			4. USUAL RESIDE	NCE (Wh		f institution; residence before admission)
В.	FULL NAME		oital or institut	ion, give street address or location)	3138 Clif		Ave.	
	STITUTION	FINER	DGE ursing H		Balto.	Md.	8-	ts, write RURAL and give township)
c.	Length of st	tay in Baltimore	,	Yrs. Mos. Days	D. STREET ADDRE			
5.	SEX	6. COLOR OR RAC		MARRIED.	8. DATE OF BIRTH		9. AGE (in years)	ff Under I Yest If Under 24 Hours on the Days Hours Min.
10	Female	White CUPATION (Give kind		dow	April 29,1		73yrs	
wor	done during most o	of working life, even if retire	d)	OF BUSINESS OR INDUSTRY	11. BÎRTHPLACE (S		eign country)	12. CITIZEN OF WHAT COUNTRY?
13	none			none	Balto.		ИE	
		John	Lacher			ma		
15 (Ye	. WAS DECEASE	D EVER IN U. S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	BILC	23/9	ODRESS
11,	no	none		none	Mrs.Thelms	Halls	ameyer, 3138	Cliftmont Ave.
	18. E 90	2.0.	11/23/	CAUSE	OF DEATH			INTERVAL BETWEEN
	(This does heart failu	LEADING TO DE not mean the mode are, asthenia, etc. It m complication which	ATH e of dying, e. a eans the diseas	e,	wordo-p	nla.		I wh.
		ANTECEDENT CA	USES	7	· 7- 12	1. Ken	1.	3/
HOL	DISEASES	S OR CONDITIONS	, IF ANY, GIVIN	(B)			CERTIFICATION	APPROVED BY
TIFICATI	RISE TO T	THE ABOVE CAUSE () YING CONDITION	A) STATING TI				SNA	enle
H		11		(C)			SHIEF ON ASST. ME	M. D.
CER	TRIBUTING	SIGNIFICANT CON S TO THE DEATH, BU ISEASE OR CONDITI	T NOT RELATE	T. Geart 1	York - L	ypen	lemin	15 yes
SAL		OF OPERATION		FINDINGS OF OPER	-			YES NO NO
IEDICA	HOMICIDE	ENT, SUICIDE, (Specify)	218. PLA about home,	ACE OF INJURY (e. g., iarm, factory, street, office bldg.,	n or 21c. WHERE Dietc.) INJURY OCCUP		in Baltimore City,	give exact location)
Σ	21D. TIME ((Month) (Day) (Yes	r) (Hour)	21E. INJURY OCCURR		INJURY		27.07
	10-9-5	0 -	mı.	WHILE AT NOT WHILE WORK AT WORK	101 9 9	ful	to floor	from commode
		y certify that I a						E, that I last saw the
	deceased at				rred at Timm.,	from the	e eauses and on	the date stated above.
	25A. 010/01	Of Drawn	mo	me M.D.	3105/3	clai	· Pd	11-1-50
2 TI	4A. BURIAL (S	CREMA- 248. DATE		24c. NAME OF CEMETE	RY OR CREMATORY	24D. LO	CATION (City, town	n, or county) (State)
-	Rurial	Nov.3		Lorraine	Cem.		Balto. Md	4 DODDEGG
	ATE RECEIVE OCAL REGIST		R'S SIGNATU	H: 118 /	Phillip HA	LUZZ Z	Jan 2021 0-	leans St.
10	W Vs 1185	O Thomas	War 14	CITA CITA SALA	The same	7/	10 7202 (100	100115 500
MI	14 10 1450	N821.0		S Joseph		V		1860



I-32
BIRTH NO.
1. NAME OF DECI (Type or Print)
a. Baltimore City
B. FULL NAME OF HOSPITAL OR INSTITUTION
c. Length of stay
5. SEX 6.
Female
10A. USUAL OCCU

BALTIMORE CITY HEALTH DEPARTMENT

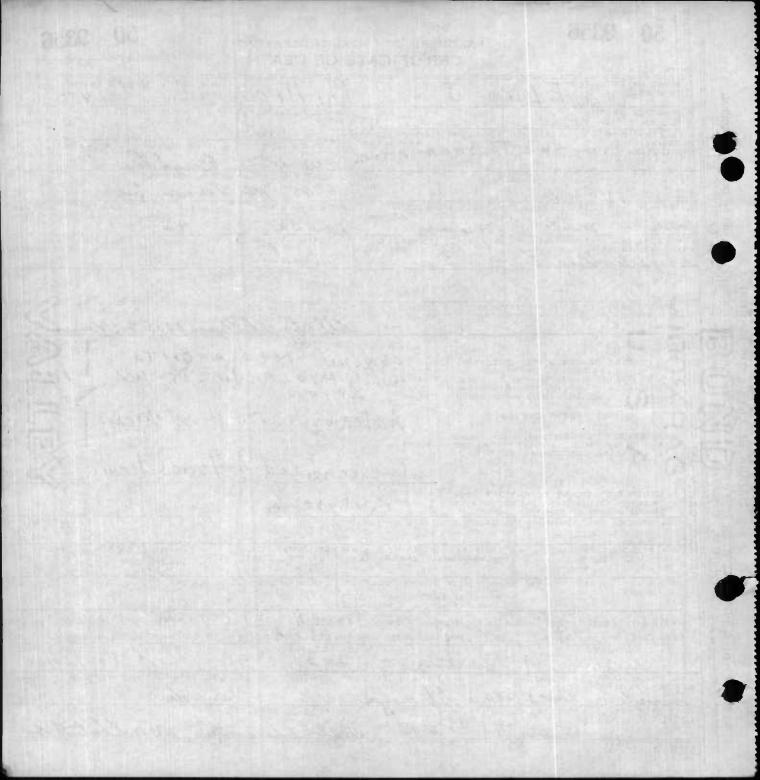
BI	RTH NO.	00 3333		CERTIFI	CATE	OF DEATH	-	Registere	d No	
1.	NAME OF D	Sophia Li	chfiel	ld				DATE OF DEATH	Oct.30/5	50
A.		EATH: City. Maryland 30	010 W.I	Lanvale St		4. USUAL RESIDE A. STATE 3010 W.La	NCE (Where	deceased lived B. COUNTY	. If institution	
HO	SPITAL OR	OF (If not in hospit	a <i>i</i> or institu		ddress or location)	c. CITY OR TOWN	(It outsic		mits, write R	UKAL and give township
c.	Length of s	tay in Baltimore		Life	Yrs. Mos. Days	D. STREET ADDRE	SS (If rural,)	
	sex Female	6. COLOR DR RACE	7. SINGL WIDOV	E. MARRIED. WED, DIVORCED	(Specify)	8. DATE OF BIRTH Feb.14,18	1 1	GE (In year and birthday)	Months Days	H Under 24 Hours Hours Min.
		CUPATION (Give kind of of working life, even if retired)	108. KIN	D OF BUSINESS	S OR DUSTRY	11. BIRTHPLACE (S	tate or foreign Md.	country)	12. CITI	ZEN OF AT COUNTRY
13	. FATHER'S		Wicl	man		14. MOTHER'S MA				
15 (Ye	. WAS DECEAS , no or unknown)	ED EVER IN U.S. ARMEI (If yes, give war or date NONE	FORCES? s of service)	16. SOCIAL SECURIT	Y NO.	17. INFORMANT Mrs. Rich	ard Gres	s,3010	W. Lanva	le St.
RTIFICATION	heart faile injury or DISEASE RISE TO	s not mean the mode- cure, asthenia, etc. It mea complication which of ANTECEDENT CAUS S OR CONDITIONS, I THE ABDVE CAUSE (A) YING CONDITION L.	ns the disestanced deat SES F ANY, GIVE STATING 1	ase, th.) DUE TO	type.	liveria H	eatile	oler	a.	yen
CERTI	TRIBUTIN	II SIGNIFICANT COND G TD THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	ON-						***************************************
				R FINDINGS O	F OPER	ATION			20. YES	AUTOPSY?
EDICA	21A. ACCIDI HOMICIDE	ENT, SUICIDE, (Specify)	218. PL about home	ACE OF INJUR	Y (e. g., ln office bldg., e	or 21c. WHERE D		Baltimore Cit	ly, give exact	location).
Σ,	21D. TIME OF INJURY	(Month) (Day) (Year	(Hour) m.	21E. INJURY C	OCCURRE NOT WHILE	21F. HOW DID	INJURY OC	CUR?		
	22. I hereb	oy certify that I at	ended the	e deceased from	m ky	red at Miss of m.,	from the ea	30 , 19	9 $\frac{1}{2}$ that I n the date s	last saw the
	23A. SIGNA	Collins			M. D.	3B. ADDRESS/		ne_	No	ATE SIGNED
71	on Removal (S Burial	CREMA- Specify) Nov.2/	50		lto. I		Balto.	2.0	wn, or county) / (Suite)
D	ATE RECEIVE OCAL REGIST	D BY REGISTRAR	SIGNAT	URE		25. FONERAL DIR		land 20	ADDRES	



7	56129356	EALTH DEPARTMENT X 50 9356
		E OF DEATH Registered No.
_	RTH NO.	L OI BEATH
	NAME OF DECEASED Edwin J	Phillips 2. DATE OF GERE 30 DEATH 1950
Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or DSPITAL OR PINE (REST SANATARIUM)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
C	Yrs. Mos. Length of stay in Baltimore Days	6705 mt Vernous Suc.
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year If Under 24 Hours
3	wale White Widowed Specify	now 30, 92
	A. USUAL OCCUPATION (Givekind of done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? , no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
	CAUSE	OF DEATH
	Test	NIC MY OCARDITIS ONSET AND DEATH
		4 MYO CARDIAL DEGENER- 44RS
	injury or complication which caused death.) DUE TO	ATION
	ANTECEDENT CAUSES A PT	erios Jerotio Heunt Viscase ?
0	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
CAT	UNIDEDLYING CONDITION	1. 11 - 1. 1.
IF	(c) (TCh	ennlized Arteriosclenois?
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	hysema?
	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE	RATION 20. AUTOPSY7
EDICAL	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) about home, farm, factory, street, office bidg.	
ME	about nome, at m, accory, access, omee blug.	INDURI OCCURI
-	2 ID. TIME (Month) (Day) (Year) (Hour) 2 IE. INJURY OCCURF OF INJURY	
	m. WHILE AT NOT WHILI	
	22. I hereby certify that I attended the deceased from	to beek 11, 1950, to Octoberg, 1950, that I last saw the creed at 9.504 m., from the causes and on the date stated above.
		23B. ADDRESS / 2 23C. DATE SIGNED
	Molein M. Brilen M.D.	2030 W Tayette 1 10/30/50
24 TIC	A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 240. LOCATION (City, town, or county) (State)
_(Burial now 1 1950 St marys	Hampolea
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
100	HUV Thustwator Williams, Mill	But h Chenquetter. 3615-17 le returo fine.

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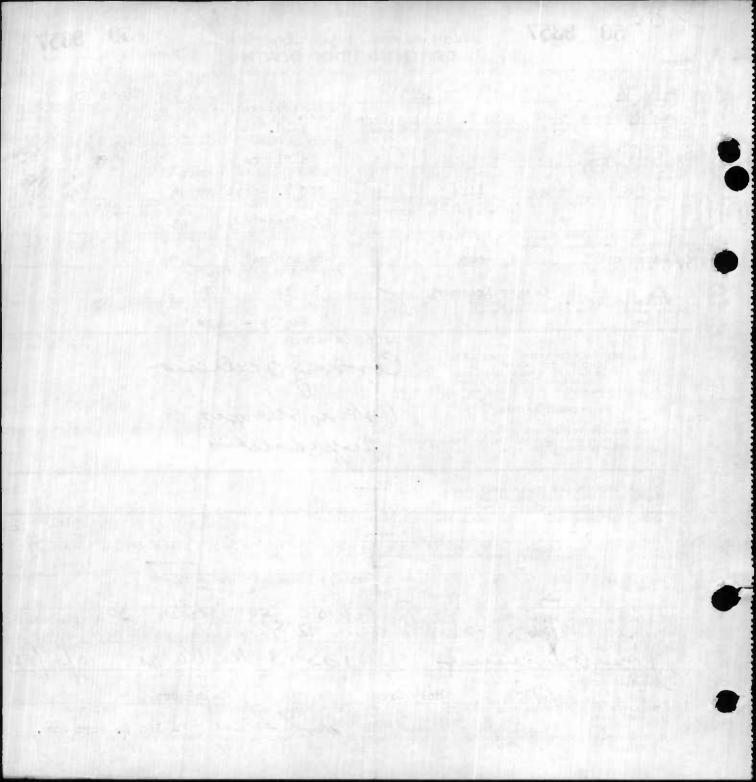
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BALTIMORE CITY HEALTH DEPARTMENT

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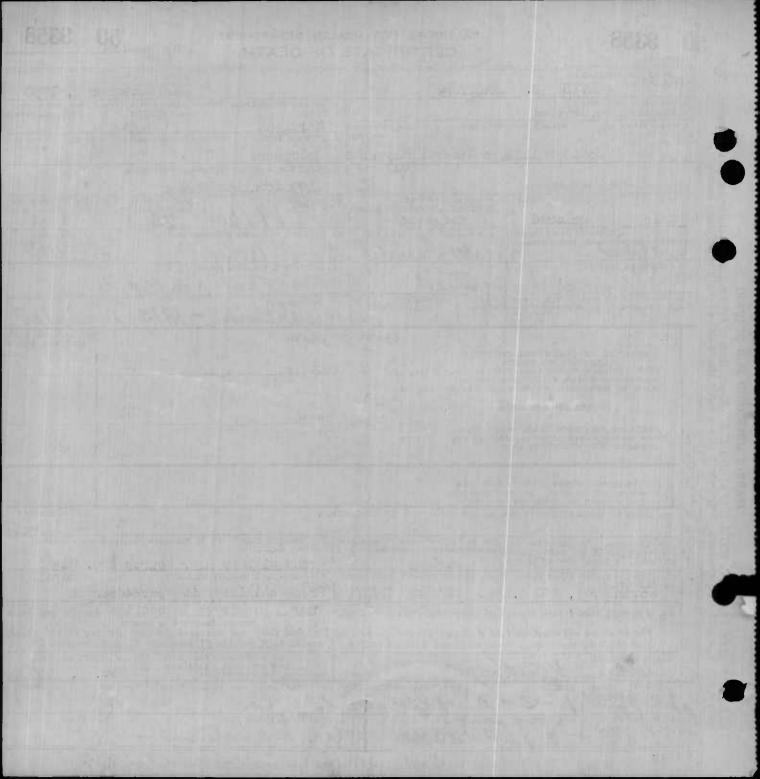
The) (B	005	0	9357	ВА			ALTH DEPARTMEN	NT Register	50 g	9357
		NAME OF E	ECEAS		LIZABE	TH DAY			2. DATE OF DEATH	10/29/5	0
supplied.	А.	PLACE OF D Baltimore (City, A	Iaryland I	823 E.	North Av	address or	4. USUAL RESIDENCE A. STATE Md.	(Where deceased live B. COUNT	d. It institut Y	tion : residence before admission
J.A.		SPITAL OR STITUTION					location)	c. CITY OR TOWN Baltimore	(If outside corporate	limits, write	RURAL and give township
e caret legibly.	7-72-	Length of s			Lij	Ĉe.	Yrs. Mos. Days	IS23 E. North		n)	
should be		F		OR OR RACE	WIDO	e. married, wed, divorce W	D (Specify)	8. DATE OF BIRTH 5/10/1867	9. AGE (In year last birthday	Months D	ays Hours Min.
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IG rma leath	13	. FATHER'S	NAME	Ca sne	r Kroe			14. MOTHER'S MAIDEN	NAME ?		
R BINDING em of informa causes of death	15 (Ye	. WAS DECEAS , no or unknown)	(If yo	IN U.S. ARMED	FORCES?	16. SOCIAL SECURI	TY NO.	17. INFORMANT Family -	Same	ADDRES	S
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MAJ UNFA Physic	CERTI	TRIBUTING	TO TH	CANT CONDITION	NOT RELAT	ED IT					
leef .	CAL	19A. DATE (-	- "		ACE OF INJUE			(If in Poltimore C	Y	O. AUTOPSY?
VLY, WITH	MEDICA	LYING O	DEATH	(Day) (Year)	(Hour)		office bldg., et	injury occur?	URY OCCUR?	ity, give exa	ict location)
ITE Pi		22. I hereb	live on	ify that I att	ended the	e deceased fro	th occur	red at 12,5 m., from	m the causes and c	on the date	I last saw the
PICT SE WRITE	2 TI	A. BURIAL,	ul	248. DATE	un	24c. NAME OF	M. D. CEMETER	3375.Ch	D. LOCATION (City, t	. 18	3/50
PI		B ATE RECEIVE DCAL REGIST		II/2/50 REGISTRAR'S		Holy Co	G at	23 FUNERAL DIRECTO		ADDR E. For	
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	I. NAME OF I (Type or Print)
1	3. PLACE OF A. Baltimore
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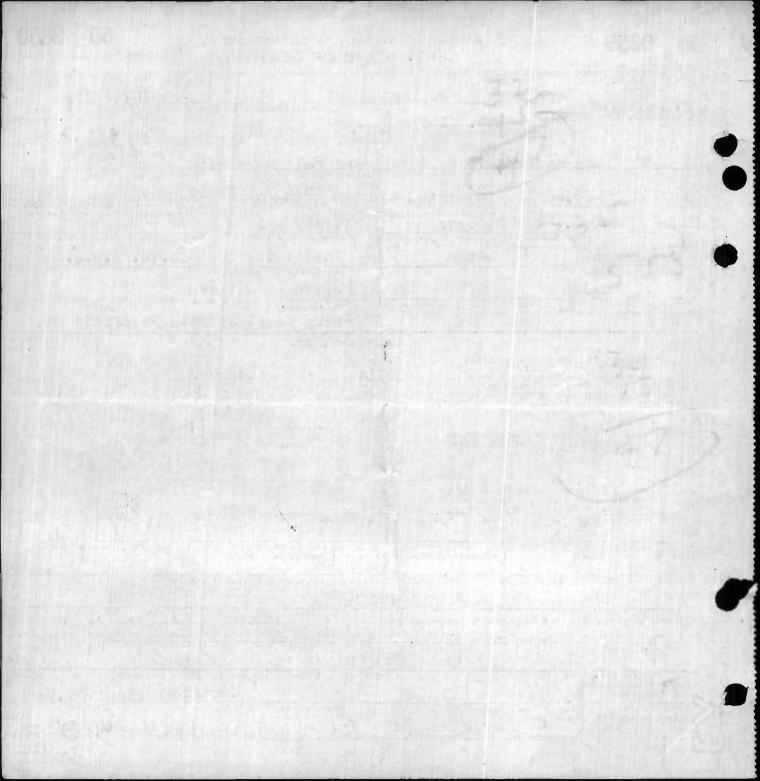
BALTIMORE CITY HEALTH DEPARTMENT

9359 Registered No.

8	HRTH NO.	CERTIFICATI	E OF DEATH	
-	. NAME OF DECEASED		2. DATE	
(Type or Print) Dennis	Bailey	OF =0 /00	/T050
- 3	PLACE OF DEATH		DEATH 10/29 4. USUAL RESIDENCE (Where deceased lived, If ins	/1950
A	Baltimore City, Maryland	Balto City	A. STATE B. COUNTY	before admission)
В	. FULL NAME OF (If not in hospi	ital or institution, give street address or	Maryland	クロ
	IOSPITAL OR NSTITUTION	Iocation)	C. CITY OR TOWN (If outside corporate Duits, w	
1		rfield Load	Paltimore City	township)
1	0.010 -811	Yrs.	D. STREET ADDRESS (If rural, give location)	
		Mon		
-	. Length of stay in Baltimore	I2 Yre. Mos.	3316 Fairfield hoad	19
5	SEX 6.COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years Und	er I Year II Under 24 Hours is! Days Hours Min.
M	ale Col.	Widower	II/I7/I875 74	
	OA. USUAL OCCUPATION (Give hindo		11. BIRTHPLACE (State or foreign country) 12	CITIZEN OF
WO	rk done during most of working life, even if retired	William L.	North umberland Co. Va. U.	WHAT COUNTRY?
-	Oysterman	Water FISHERIES		S.A.
l '	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
M	Unkown		Ellen Bailey	
1	5. WAS DECEASED EVER IN U.S. ARME ee, no or unknown) (If yes, give war or dat	ED FORCES? 16. SOCIAL	17. INFORMANT ADD	RESS
(Y	(If yes, give war or dat	tes of service) SECURITY NO.	Carry Tolliver 3316 Fairfi	
-	210		-ally lottinet 99=0 ratifit	
	18. 502Y	CAUSE	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY		ONSE! AND DEATH
	LEADING TO DEA	ATH ///	nonline to	
	(This does not mean the mode heart failure, asthenia, etc. It me	eans the disease.	- January Control of the Control of	
r.	injury or complication which	caused death.) OUE TO		
Ŀ	ANTECEDENT CAU	ISES	Mal nua	
Z		(B)		
CFRTIFICATION	DISEASES OR CONDITIONS,	IF ANY, GIVING		•••••••••••••••••••••••••••••••••••••••
1-	RISE TO THE ABOVE CAUSE (A UNDERLYING CONDITION L			
O				
E.	II.	(C)		
1	OTHER SIGNIFICANT CONE	DITIONS CON-		
L	TRIBUTING TO THE DEATH, BUT	T NOT RELATED		
C		198, MAJOR FINDINGS OF OPER	PATION	1 20. AUTOPSY?
	0	136. MAJON PINDINGS OF OPEN	ATION	
Q			n or 21C. WHERE DID (If in Baltimore City, give	YES NO
FDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i. about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	e exact location)
li.				
Σ	21D. TIME (Month) (Day) (Year	r) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?	WHEN PROPERTY
1	OF INJURY	WHILE AT NOT WHILE		
Н		m. WORK AT WORK		
	22. I hereby certify that I at	ttended the deceased from	2 , 19°0, to 10/29 , 19°0,	that I last saw the
		, 195' and that death occur	rred at 2 1m., from the causes and on the	date stated above.
	23A. SIGNATURE			23c. DATE SIGNED
	1 2	Un (Khell M. D.)	2136 12 1/1/1	105157
-	24A. BURIAL, CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D LOCATION (City, town, or	county) (State)
T	TON DEMOVAL (Specifical			
	burial II/2/19		Northtumberlan	
1	DATE RECEIVED BY REGISTRAF	R'S SIGNATURE	25 TUNERAL DIRECTOR A	DDRESS
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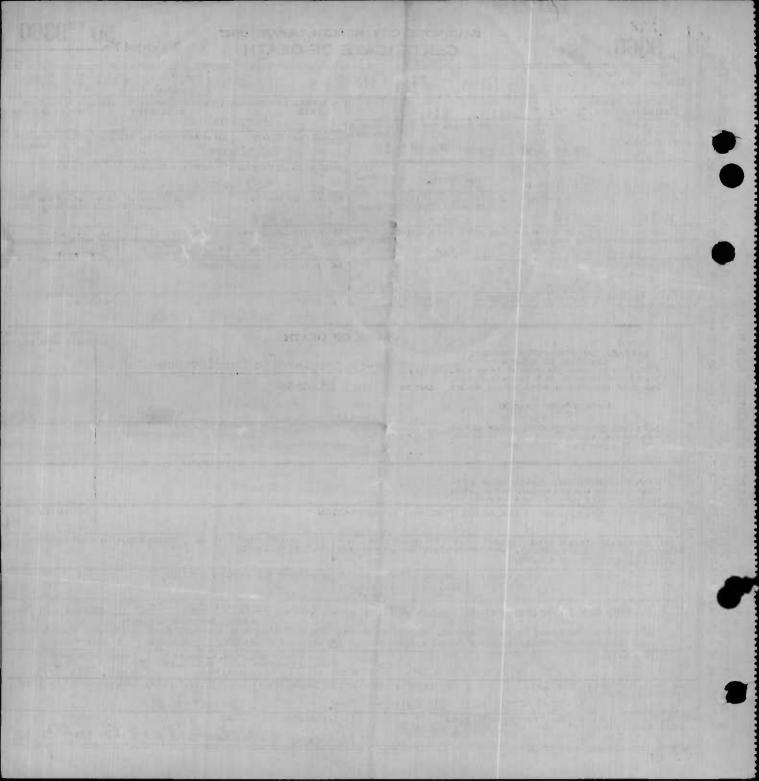
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1.	NAME OF D	ECEASED		CERTIFICAT		2. DATE	ed No
	ype or Print)		THOMAS	V: BER		OF DEATH	Oct. 31, 195
A. B.	FULL NAME	City, Maryland B		City ion, give street address o		B. COUNTY	before admi
	OSPITAL OR ISTITUTION	Maryland	General	location Hospital	C. CITY OR TOWN (I		init, write RUKAL an town
c.	Length of s	tav in Baltimore	20	Yrs. Mos. Days	d. STREET ADDRESS (If	rural, give location orge St.)
	sex Male	6.COLOR OR RACE	WIDOW	E. MARRIED, /ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years	Months Days Hours
	A. USUAL OC done during most	CUPATION (Give kind of of worklog life, even if retired)	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or f	oreign country)	12. CITIZEN OF WHAT COUN U.S. A.
13	. FATHER'S	NAME	All E	ing	14. MOTHER'S MAIDEN N		0.00.70
		Unkown			Unko	wn	
Yes	, was deceas; , no or nelecum)	ED EVER IN U. S. ARMEI (If yes, give war or dete	of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Saran Martin 7	II Bradley	ADDRESS
	(This does	SE OR CONDITION LEADING TO DEA s not mean the mode of the complication which is	TH of dying, e. a ans the diseas	Arte	OF DEATH priosclerotic Card al Disease	liovascular	INTERVAL BET
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MEDICAL CERTIFICATION	OISEASE RISE TO T UNDERL' OTHER S TRIBUTING TO THE D 19A. DATE C 21A. EXTERI UNDERLYIN UTING 21D. TIME OF INJURY 22. I eerti the ev and de 23A. SIENA	LEADING TO DEA so not mean the mode oure, asthenia, etc. It mes complication which of the complication which of the complication which of the complication of the comp	THOO THE CAUSE OF THE CAUSING	(B)	RATION in or 21C. WHERE DID (NOTE) 21F. HOW DID INJURY OCCUR? above, held an Inspect Autopsy, Inquiry, find that said dis 38 Chief Medical 238 Chief Medical ASSISTANT MEDICAL ASSISTANT MEDICAL MEDICAL INVESTIGAT	If in Baltimore City OCCUR? tion & Inq. Inspection or Inqual deceased died on the image of the	the day stated a nudetermined oct. 31, 1950
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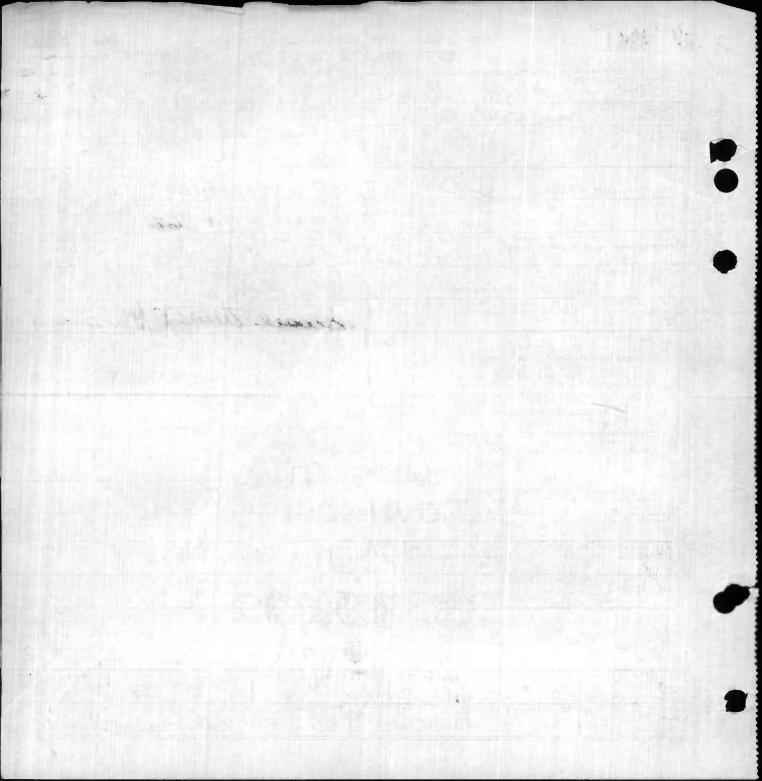


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

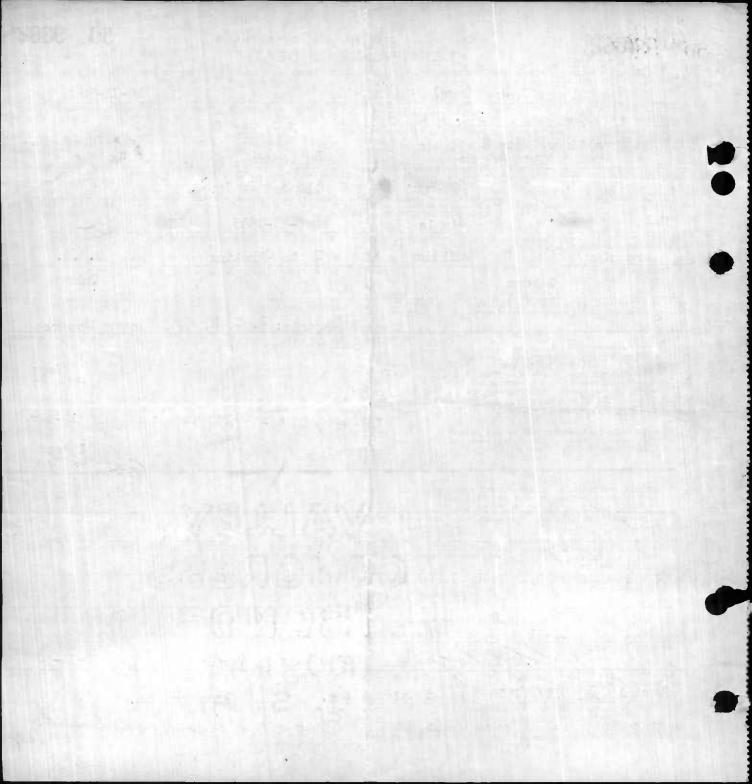
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legistered	No	

BIRI	H NO.	
	AME OF DECEASED Albert Stewart.	2. DATE OF DEATH 10/30/50
	ACE OF DEATH: altimore City, Maryland Bello . City	4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission)
B. FL	JLL NAME OF (If not in hospital or institution, give street address or location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
	Parident Harbital	Chaltimon (If outside corporate limits, write RURAL and give township)
-	Yrs.	D. STREET ADDRESS (If rural, give location)
	ength of stay in Baltimore Mos. Days	Box 517, Glen Burnie
5. SI	VI. Colored WIDOWED, DIVORGED (Specify)	8. DATE OF BIRTH 9. AGE (In years If Under 1 Year Months Days Hours Min.
10A. work do	USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY Repized ABORA Koester's Bakers	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. F	162 Copias Stewark	Miss Louisa Coole
15. V (Yes, n	WAS DECEASED EVER IN U. S. ARMED FORCES? o or unknown) (If yos, give war or dates of service) 16. SOCIAL SECURITY NO.	I NEORMANT Stewart Glen Burnie Mil
1	8. 002 X CAUSE	OF DEATH INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	
	(Thia does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	ulmonary Tubesculotis 9.8-50
	ANTECEDENT CAUSES	
TION	DISEASES OR CONDITIONS, IF ANY, GIVING	10-30-50
<	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	
FIC		
RTI	OTHER SIGNIFICANT CONDITIONS CON-	
CE	TRIBUTING TO THE DEATH, BUT NOT RELATED	
1	9A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION 20. AUTOPSY? YES NO NO
ED	AAACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., it is possible) about home, farm, factory, atreet, office bldg., of the possible of the possi	n or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
Σ -2	ID. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR.	ED 21F. HOW DID INJURY OCCUR?
	while at Not while m. Work At work	
1 2	22. I hereby certify that I attended the deceased from 10	123/ , 1950, to 10/30/ , 195°, that I last saw the
0	leceased alive on 10/20/, 19 50, and that death occur	red at 8 2 m., from the causes and on the date stated above.
2	Avistonien Nicolas M.D.	Provident Horpital 230. DATE SIGNED
	BURIAL, CREMA- 24B. DATE 249 NAME OF CEMETE	
DAT	E RECEIVED BY REGISTRAR'S SIGNATURE	25 FANERAL DIRECTOR ADDRESS
Loc	AL REGISTRAR Tunting for Milians M. M.	Elioy O Wilson 1000 Brantly our
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	6	ed Par	825	BAI		EALTH DEPARTMENT E OF DEATH	Registered N	0 9362	
	_	NAME OF D Type or Print)	Albert Cro	ow (Cr	ov) (Crowe		2. DATE OF DEATH 10-31		
	А.	FULL NAME	City, Maryland OF (If not in hospit		ion, give street address or		B. COUNTY	before admission)	
		OSPITAL OR ISTITUTION	Paltimore Cit 4940 Eastern	Avenue		Baltimore	f outside corporate limits	, write RURAL and give township)	
10810	-		tay in Baltimore		Yrs. Mos. Days	110 Bethel Ct.	. 6	6-5	
y and		Male Male	6. COLOR OR RACE	WIDOW	E. MARRIED. VED.DIVORCED (Specify) ingle	9-II-I895	55 .	Under Year M Under 24 Hours ths Days Hours Min.	
Cicai	worl	k done during most			of BUSINESS OR INDUSTRY ilding	North Carolina	1	U.S.A.	
de carrie		FATHER'S	Unkown			14. MOTHER'S MAIDEN N	AME	Ynkown	
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TIN STORE	CERTIF	TRIBUTING	II SIGNIFICANT CONDI G TO THE DEATH, BUT SISEASE OR CONDITION	NOT RELATE	ED				
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יי דיטעניי	MEDI	LYING OF		about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	etc.) INJURY OCCUR?	lf in Baltimore City, g	ive exact location)	
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and on or		22. I hereb deceased a 23A. SIGNA	live on 10-31	ended the , 19_50.	and that death occur	0–29 , 150 , to rred at 1:35A m., from t 238. ADDRESS	the causes and on th	23c. DATE SIGNED	
9 100	24 TIC	4A. BURIAL. (S ON, REMOVAL (S Burial	CREMA-24B. DATE Specify) II/2/I	9	24c. NAME OF CEMETE	C	ue OCATION (City, town,	10-31-50 or county) (State)	
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	1	VS 150	10)		5102		0	921	



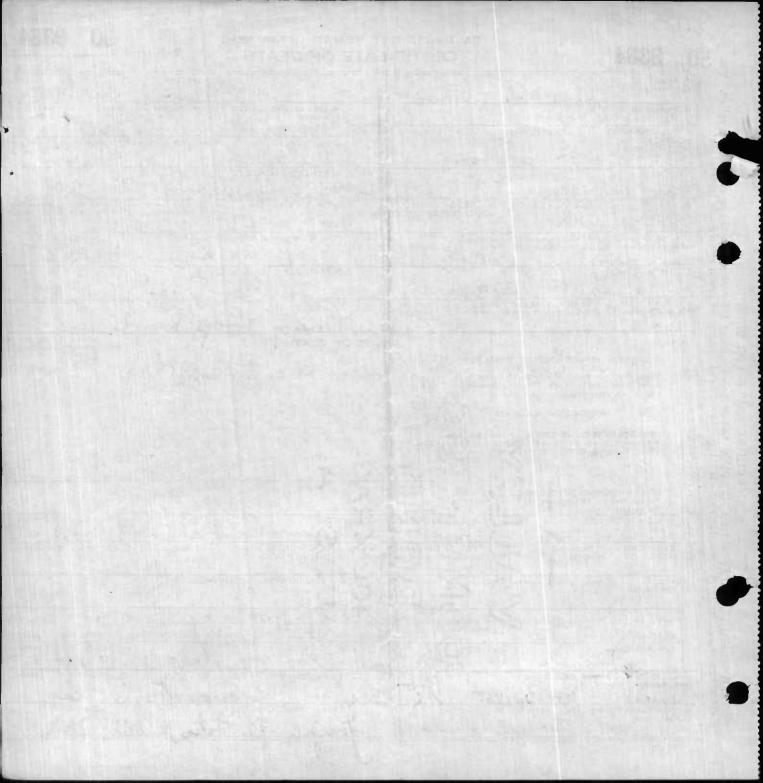
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1-			EALTH DEPARTMENT	50 9364
The	UB1	RTH NO. CERTIFICAT	E OF DEATH Registered	Vo
		NAME OF DECEASED Appelor Print) JOSEPH P. KLINGAMAN	2. DATE OF	V021950
supplied.		PLACE OF DEATH:	4. USUAL RESIDENCE (Where deceased lived, If	
dns	В.	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	Maryland Hanks	before admission)
	IN	DISPITAL OR location)	c. CITY OR TOWN (If outside corporate limit	s, write RURAL and give
e callegibly	9	LE USA PYES.	o. STREET ADDRESS (If rural, give location)	
be conditions		Length of stay in Baltimore Mos. Days SEX 6. COLOR OR RACE 7. SINGLE (MARRIED.)	8. DATE OF BIRTH 9. AGE (In years)	I Hadas I Vans J. M. Hadas 24 Hansa
ara		WIDOWED DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years last birthday) Mo	onths Days Hours Min.
houl	10 work	A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
tic h c	13	FATHER STAME	14. MOTHER'S MAIDEN NAME	USA
VDING informati of death		James Klingaman	Jaura Ely	
BINDING of inform uses of dea	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO.	17. INFORMANT	DDRESS
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RIT is e			218. ADDRESS Therey	236 DATE SIGNED
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AASI ect	TIC	Juna Brecity nov 3. 1950 ST Vaca	els Langaster.	Temas
PLEASE WRITE PI		TE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
	A	0V 2 - 1950 ***********************************	oseph 1. Joseph Delle	b, ma
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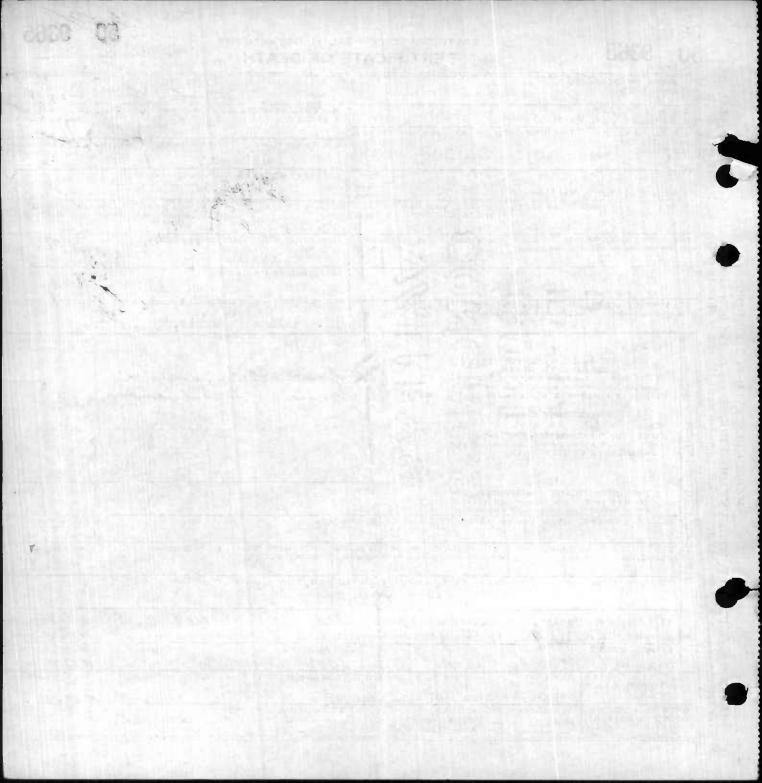


BALTIMORE CITY HEALTH DEPARTMENT

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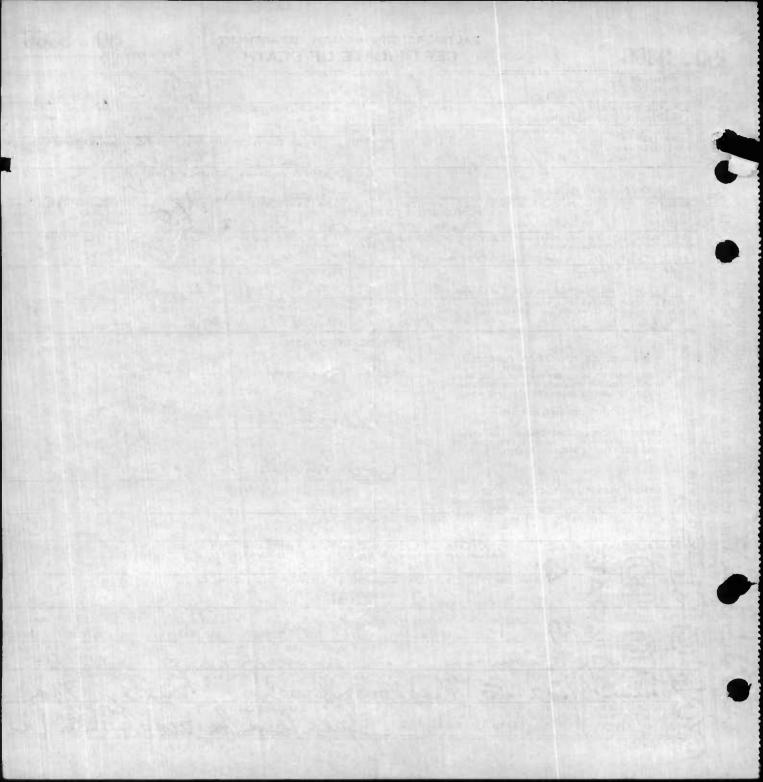
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1	BIRTH NO.									
	1. NAME OF DECEASED (Type or Print)	SIE EUPHROSINA SRB	2. DATE OF Octobe:	r 31, 1950						
	3. PLACE OF DEATH: A. Baltimore City, Maryland 6028	Ola Harford Rd.	A. USUAL RESIDENCE (Where deceased lived, If inst	itution: residence before admission)						
	B. FULL NAME OF (If not in hospital or HOSPITAL OR HASTITUTION Beech Hill Con	location)	Md. c. CITY OR TOWN (If outside corporate limits, we Baltimore	ne KonAL and give township)						
	c. Length of stay in Baltimore	Yrs. Mos. Days	o. Street address (If rural, give location) 614 N. Luzerne Avenue							
	5. SEX 6. COLOR OR RACE 7	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	last birthday) Months	H Under 24 Hours Days Hours Min.						
	female white 10A. USUAL OCCUPATION (Give kind of 1) work done during most of working life, even if retired) NOUSEWIFE	widowed los, kind of Business or INDUSTRY at home	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY						
-	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	.S.						
-	James Vace 15. WAS DECEASED EVER IN U. S. ARMED F (Yes, no or unknown) (If yes, give war or dates of	ORCES? 16. SOCIAL	unknown 17. INFORMANT ADDR	RESS						
	(Yes, no or unknown) (If yes, give war or dates of	f service) SECURITY NO.	Mrs. Lillian DePetris,dght, abor	VE						
	DISEASE OR CONDITION DI LEADING TO DEATH (This does not mean the mode of heart failure, asthenia, etc. It means injury or complication which cau ANTECEDENT CAUSE: ODISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S' UNDERLYING CONDITION LAST OTHER SIGNIFICANT CONDITION	dying, e. g., the disease, used death.) S ANY, GIVING THE TO (C) (O) (D) (A) (A) (A) (B) (B) (C) (C) (C)	tenano Carelio-Vuandas. License. E Cerebral Harmonlys.	ONSET AND DEATH						
	TRIBUTING TO THE DEATH, BUT NO TO THE DISEASE OR CONDITION OF 19A. DATE OF OPERATION 19B	OT RELATED CAUSING IT. B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?						
	NA N			YES NO						
	HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		exact location)						
	21b. TIME (Month) (Day) (Year) (ROF INJURY	Hour) 21E. INJURY OCCURRE WHILE AT NOT WHILE MORK AT WORK								
	22. I hereby certify that I attendeceased alive on 10/16, 23A SIGNATURE 244 SURIAL CREMA- 24B. DAYE TION REMOVAL (Specify) DATE RECEIVED BY LOCAL REGISTRAR REGISTRAR	and that death occurry and th	red at 2 2 m., from the causes and on the causes	date stated above. 3c. DATE SIGNED (State)						
	NOV 2 - 1950 Tunktugto	no / / literall, Myse	2601-3-5 E. Madison St.							

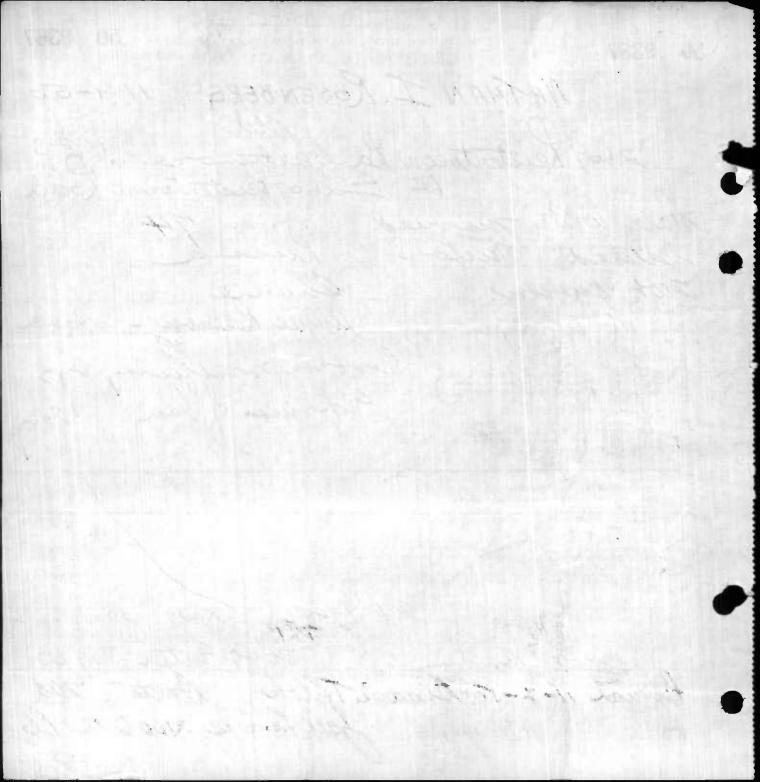


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e c. legio	-	Length of s				30	Yrs. Mys. Days	3211 Seg	If rural, give location)	R	
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PLEASE correct ag	24 TIC	BURIAL, CONTREMOVAL (S	necify	24B. DATE	50	Mulke	TU (Grael	COCATION City, tow	n, or coun	Ma (State)
PLE	Lo RI	TE RECEIVE CAL REGIST	RAR	REGISTRAR	13111:	JRE AULA, 机聚	K	ack Lewis	W 7.100	ADDR	ESS PL
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11-10-50 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) supplied. DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence B. COUNTY before admission) 3. PLACE OF DEATH A. Baltimore City, Maryland B. FULL NAME OF (If not in hespital or institution, give street address or HOSPITAL OR (If outside corpora e limits, write RURAL and give OR INSTITUTION township) (If rural, give location) Yrs. ADDRESS c. Length of stay in Baltimore 9. AGE (in years if Under 1 Year li Under 24 Hours last birthday) Months Days Hours Min. 6. COLOR OF RACE 5. SEX 7. SINGLE, MARRIED If linder 24 Hours WIDOWED, DIVORCED (Secify) plnous AUR. clearly 10A. USUAL OCCUPATION (Give kind of work of during proof of working life, even if retired) 11. BIRTY LACE (State or foreigy country) BUSINESS OR 12. CITIZEN OF INDUSTRY WHAT COUNTRY? death 14. MOTHER'S MAIDEN NAME informa 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Berg Jo INTERVAL BETWEEN item 18. CAUSE OF DEATH cal ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUF TO UNDERLYING CONDITION LAST. ADING UNFADING Physicians: (C) .. ERTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY HIL important. 21B. PLACE OF INJURY (e. g., in or (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER-21c. WHERE DID ā LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE T WORK 1950 that I last saw the 22. I hereby certify that/I attended the deceased from esp 国 deceased alive on. and that death occurred at m., from the causes and on the date stated above. 23A SIGNATURE 23B. ADDRES 23C, DATE SIGNED 02 age BURIAL, CREMA-248./QATE ADDRESS DATE RECEIVED BY REGISTRAR



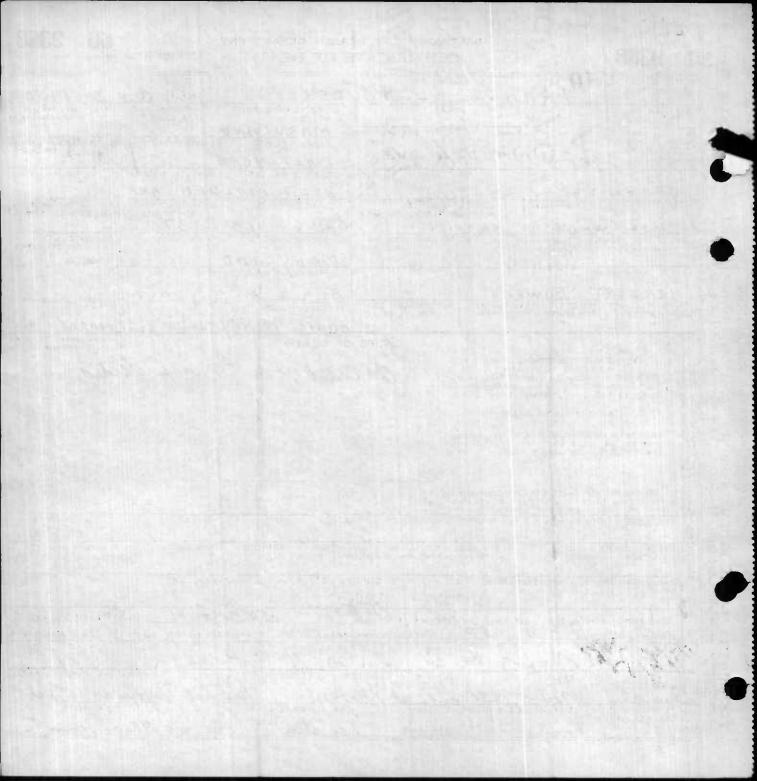
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9368

048a

July,	RTH NO.		CERTIFICAT	E OF DEATH	Registered	No.
1. (T	NAME OF D	ECEASED	1 D		2. DATE OF	
	PLACE OF D	FRAI	YCES L. Pou	DER.	DEATH OCT	7 31, 1950
		City, Maryland		4. USUAL RESIDENCE	B. COUNTY	before admission)
	FULL NAME	OF (If not in hospit	al or institution, give street address o	c. CITY OR TOWN) If outside communate like	- G
	ISTITUTION	3627 M	ALDEN AVE	C. CITT OR/TOWN	ar outside corporate in th	write ADRAD and give township)
0	40		Yrs.	BALTIMORE D. STREET ADDRESS	f rural, give location	
c.	Length of s	tay in Baltimore	LIFE Mos.	2102 2000		
-	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Under 24 Hours
FE	MALE	WHITE	WIDOWED, DIVORCED (Specify MARRIED.	JAN 6 1913	37	lonths Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
				MARYLAND		2.5.
13	, FATHER'S	NAME		14. MOTHER'S MAIDEN	NAME	
	HERBE	RT BOWE		ANNIE M.	REYHOLDS	6
Ye	s, no or unknown)	ED EVER IN U. S. ARMET (If yes, give war or date	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	-	-		ANNIE M. REY	INOLDS-362	7 MALDEN AVE.
	18. /7/	X	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	SE OR CONDITION	DIRECTLY	A P	group lele	4
		LEADING TO DEA	f dying, e.g., (A)	Cenowa G	Just an	ius
	injury or	re, asthenia, etc. It mea complication which	aused death.) DUE TO		KIND HOLD	
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Z O	DISEASE	S OR CONDITIONS, I	(B)	,		
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	deceased a		ended the deceased from	124		the date stated above.
1	23A. SIGNA			238. ADDRESS	one canoes and on	23c. DATE SIGNED
	· c/.	Alcorola	5 14. 1). M.O.	OOIX r Wou	ral 14	1/2/50
	4A. BURIAL, ON REMOVAL (S		24C. NAME OF CEMET	ERY OR CREMATORY 240	LOCATION (City, tow	n, or county) (State)
1	Furial	nov3-	1950 Alen Ha	ven /kil	chil Jeghi	vay md
	ATE RECEIVE		S SIGNATURE	25. FUNERAL DIRECTOR		MODRESS 1
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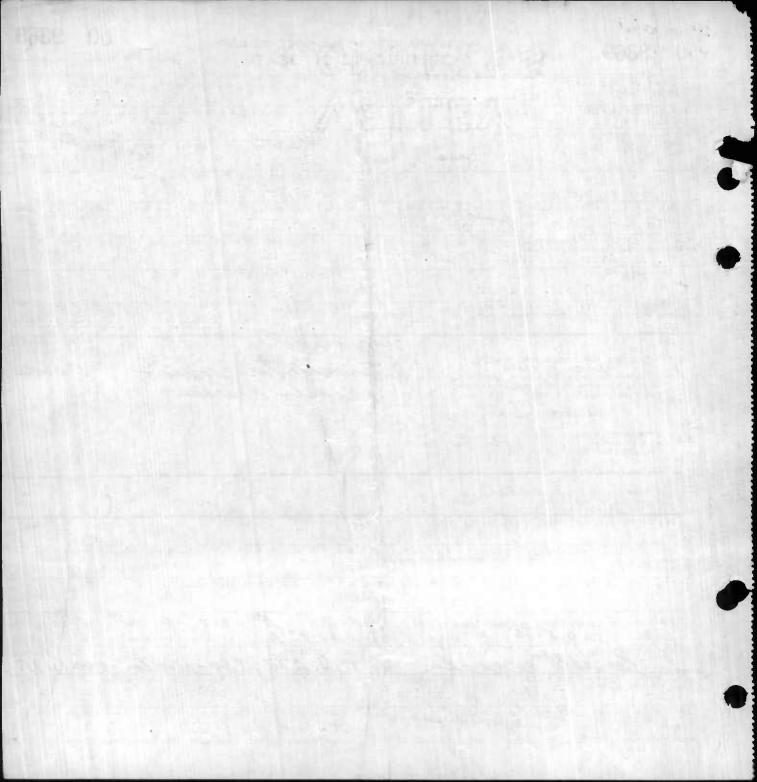


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BALTIMORE CITY HEALTH DEPARTMENT

9369 50

BIRTH NO.							
1. NAME OF E (Type or Print)		les I. I	Theeler		2. DATE. OF DEATH	Nov. 1, 1	1950
A. Baltimore	3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION 4943 Denmore Avenue			4. USUAL RESIDENCE	E (Where deceased l	ived. If institut NTY	ion : residenc before admiss
B. FULL NAME HOSPITAL OR INSTITUTION				c. CITY OR TOWN Baltimore	(If outside corpora	ite limits, write	RURAL and town
	Yrs. Mos. Days		10/2 Donmono ATT nuo				
5. sex male	6. COLOR OR RACE	Widow	E, MARRIED, VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In y last birthd	ears If Under 1 Year) Months D	
Rot. Rece			of Business or	11. BIRTHPLACE (State	or foreign country)		TIZEN OF HAT COUN
13. FATHER'S	NAME Charles I. Te	eeler		14. MOTHER'S MAIDEN NAME Sarah E. Rathol			
15. WAS DECEAS (Yes, no or unknown)	ED EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Sarah E.		ADDRES	
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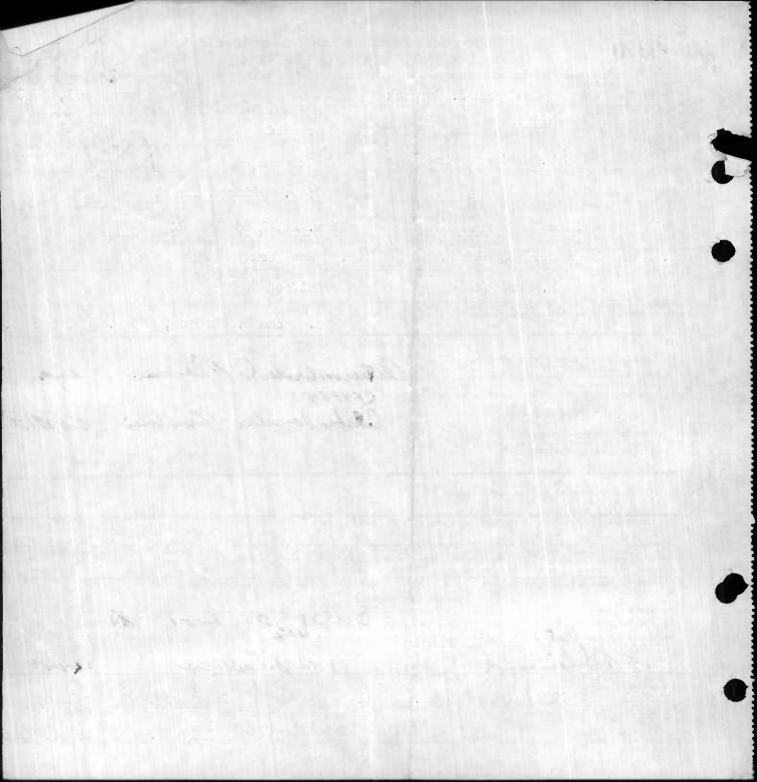
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 1. NAME OF DECEASED 2. DATE (Type or Print) OF William J. Murdock DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limit, write RURAL and give INSTITUTION township) 605 S. Robinson Street Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 605 S. Robinson Street c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE (In years) If Under 1 Year WIDOWED, DIVORCED (Specify) last birthday) Months Days Hours Min. Nov. 26. 1865 IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) HNDUSTRY WHAT COUNTRY? New York Ret. I hap "ar enter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Janes E. Hurdock Winifred Hushes 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. Mrs. Lepna B. Murdock. 605 S. Robinson St INTERVAL BETWEEN CAUSE OF DEATH 1B. ONSET AND DEATH (CEREBRO) Calebro Varcular Thronbows DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY CA 21B. PLACE OF INJURY (e. g., in or 21A. ACCIDENT WAS UNDER-21c. WHERE DID (If in Baltimore City, give exact location) ā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE! 22. I hereby certify that I attended the deceased from Qot 28, 196, to 2001, 180, that I last saw the deceased alive on Oct 36 1950, and that death occurred at 400 m., from the causes and on the date stated above. 23A. SIGNATURE 23c. DATE SIGNED · Consular 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) burial Baltimore Maryland DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

25 FUNERAL DIRECTOR

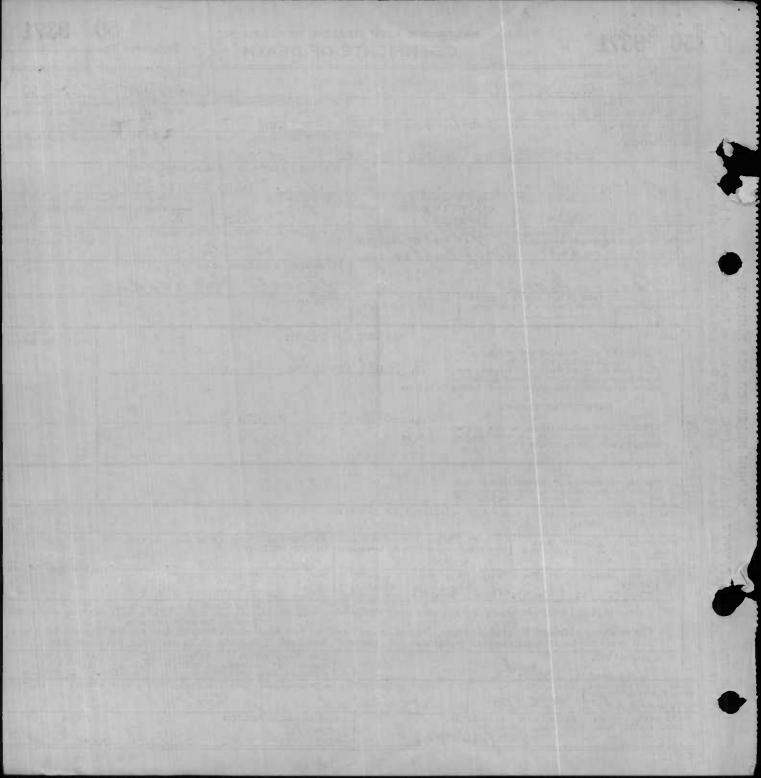
ADDRESS

Wm. Cook, nic



3-	5 BI	5 6 0 0 9371 BALTIMORE CITY HE CERTIFICATE			
. The		NAME OF DECEASED Type or Print) CHARLES BONAR	2. DATE OF DEATH October 31. 1950		
supplied.	Α.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF Of not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission) Maryland		
ns Sen	H	OSPITAL OR location) STITUTION South Baltimore General Hospits	C. CITY OR TOWN (If outside corners to limits write RURAL and give		
gibly.	c.	Yrs. Mos. Length of stay in Baltimore Days	D. STREET ADDRESS (If rural, give location)		
d be and legibly	5.	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify) Male white Jin G.L.	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year Months Days Hours Min. 20		
should early ar	wor	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR Transported during most of working life, oven if retired) Plack Rules Couden Pinga Rules Co	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY:		
2	1	FATHER'S NAME Character P B	14. MOTHER'S MAIDEN NAME LEACEL Richards		
informat of death	15 (Ye	S. WAS DECEASED EVER IN U. S. ARMED FORCES? M, no or unknown) (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS		
tem of		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A) Skull	OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
Every i		heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES			
INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	ranial hemorrhage		
UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
H	EDICAL CE	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	YES NO X		
LY, WITH important.		21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in about home, farm, factory, atreet, office bidge, et	a or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? Firestone Rubber Co. 526 S. Light St.		
imp	Σ	OF INJURY OCCURRED OCTOBER 31, 1950 3.000 m. WHILE AT WORK AT WORK			
P			bove, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry inquiry, find that said deceased died on the day stated above,		
WRITE ge is esp		and death in my opinion resulted from: natural causes	□ , accident ☒, suicide ☐, homicide ☐, undetermined ☐. 23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED		
田岛	24	4A. BURTAL CREMA- ON, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER	D. MEDICAL INVESTIGATOR NOV. 1, 1950 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)		
PI correct	4	ATE RECEIVED BY REGISTRAR'S SIGNATURE	nd hio 25. FUNERAL DIRECTOR ADDRESS		
	1	8 151 N/803 2 920 4	45 (ank Inc. 1217 St. Paul 3/7		

MARGIN RESERVED FOR BINDING



ВІ	U.S. J.S.	TE OF DEATH Registered No. 9372	2
	NAME OF DECEASED Type or Print) WILLIAM (SANS) (SIM	S) SAMS 2. DATE October 30, 1950	0
	B. PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution; resider a. STATE B. COUNTY before admit	
H	FULL NAME OF (If not in hospital or institution, give street address location of the control of	c. CITY OR TOWN (If outside corporate limits, write RURAL ar	nd giv vnship
	Y:	s. 1212 Tannin Street (Tapkin ST	. 0 /
-	E. Length of stay in Baltimore DESTRUCTION OF THE PROPERTY OF	18. DATE OF BIRTH 19. AGE (In years) If Under I Year If Under I	
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worl	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) Casual 3. FATHER'S NAME	11. SIR PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY 14. MOTHER'S MAIDEN NAME	
	(Unknown) Samo	21 Mark secreta	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL cs. no or unknown) (If yes, give war or dates of service) SECURITY NO	17. INFORMANT ADDRESS	
	217-14-04:	33 Blancke Vams 12/3 Voplin ST	
ATI	ANTECEDENT CAUSES (B)		•••••••
ERTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		
RTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)	PERATION 20. AUTOPS	-
DICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	PERATION 20. AUTOP: YES N g, in or 21c. WHERE DID (If in Baltimore City, give exact location	NO X
ERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 21B. PLACE OF INJURY (e. about home, farm, factory, afreet, office bil	PERATION 20. AUTOPS YES N 10. No 21c. WHERE DID (If in Baltimore City, give exact location in Injury Occur? 11. No 21c. WHERE DID (If in Baltimore City, give exact location in Injury Occur?	10 D
DICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. about home, farm, factory, street, office blunderlying (Month) (Day) (Year) (Hour) OF INJURY 21C. TIME (Month) (Day) (Year) (Hour) OF INJURY 22. I certify that I took charge of the remains describe the evidence obtained by said Autopsy, Inspection of	PERATION 20. AUTOPS YES N No. In or 21c. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR? RRED 21f. HOW DID INJURY OCCUR? Autopsy, Inspection or Inquiry or Inquiry, find that said deceased died on the day stated as 1 see A, accident , suicide , homicide , undetermined 23s. CHIEF MEDICAL EXAMINER	from above
MEDICAL CERTIFICATI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OR UNDERLYING OR CONTRIB. UTING CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e. about home, farm, factory, street, office blue) WHILE AT NOT WH MORK AT WO 22. I certify that I took charge of the remains describe the evidence obtained by said Autopsy, Inspection of and death in my opinion resulted from: natural can	ERATION 20. AUTOPS YES N No. In or 21c. WHERE DID (If in Baltimore City, give exact location INJURY OCCUR? REED 21f. HOW DID INJURY OCCUR? It above, held an Insp. & Inquiry thereon and Autopsy, Inspection or Inquiry Inquiry, find that said deceased died on the day stated at the see A, accident , suicide , homicide , undetermined ASSISTANT MEDICAL EXAMINER. ASSISTANT MEDICAL EXAMINER. MEDICAL INVESTIGATOR MEDICAL INVESTIGATOR 10-31-50	from above

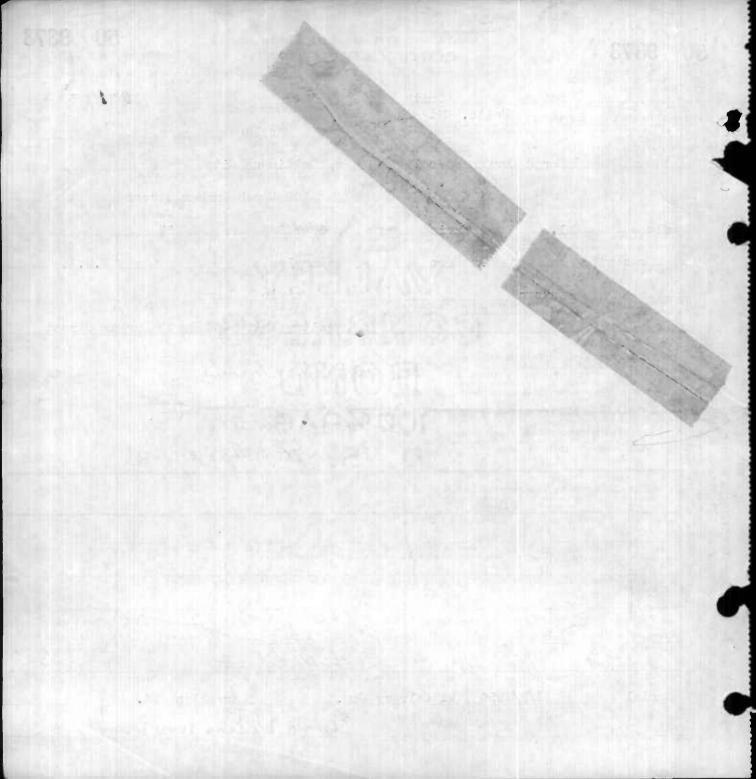
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

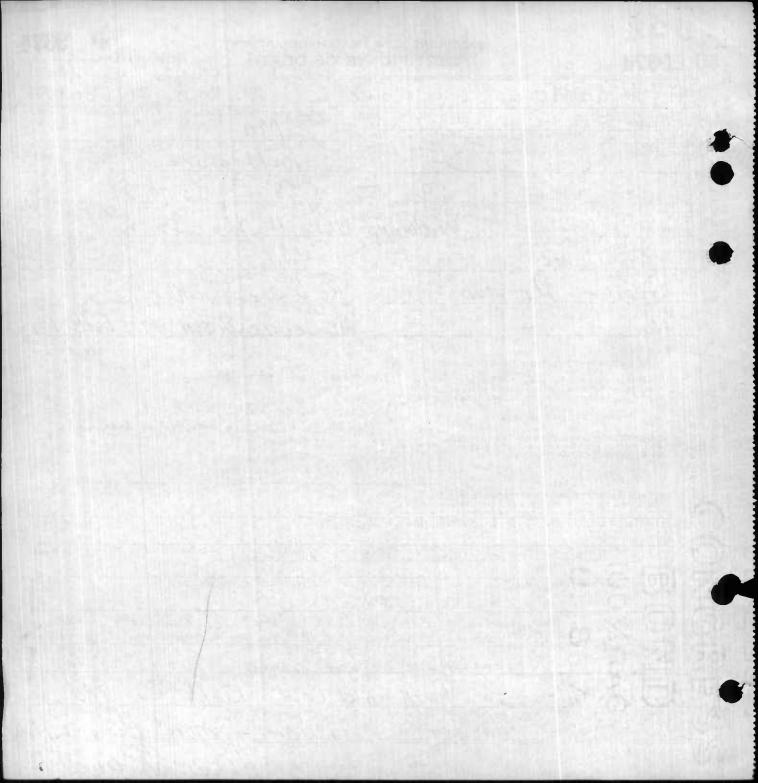
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gistered	No	

3	9373 BIRTH NO.	CERTIFICATI	E OF DEATH	Registered No.			
	1. NAME OF DECEASED (Type or Print)		· · · · · · · · · · · · · · · · · · ·	2. DATE OF			
11-	Jenette	Smith	White	DEATH ID/3	1950		
	n. Zaromioro Orogi, mang mana	to. City	4. USUAL RESIDENCE (W	here deceased lived. If inst B. COUNTY	itution : residence before admission)		
	B. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION	stitution, give street address or location)		outside corporate limits, w			
-	403 North Durh	am Street	Baltimore Ott	y 62-0	township)		
0	Towards of the Control of the Contro	Yrs. Mos.	D. STREET ADDRESS (If				
=		NGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (In years H Unde	r I Year If Under 24 Hours		
	Wale Gol	IDOWED, DIVORCED (Specify)	5/4/T393	last birthday) Month	s Days Hours Min.		
V		KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo	preign country) 12	CITIZEN OF WHAT COUNTRY?		
-	Housevife	At Homa	Maryland		S.A.		
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME			
-	15. WAS DECEASED EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL	<u> Tannie Hear</u>				
	Yes, no or unknown) (If yes, give wer or dates of serv	SECURITY NO.	17. INFORMANT	ADD			
-	18. 7 / X 19	CALICE	Walter White 40 OF DEATH	8 North Durham	Street INTERVAL BETWEEN		
	DISEASE OR CONDITION DIREC	TLY			ONSET AND DEATH		
	(This does not mean the mode of dyin	g, e.g., (A) Sefel	tu Coma & Toxemi	a	240		
100	heart failure, asthenia, etc. It means the injury or complication which caused	disease.		***************************************	7		
4	ANTECEDENT CAUSES		1 001				
	DISEASES OF CONDITIONS IS ANY		lutes Mellitis				
. 1	RISE TO THE ABOVE CAUSE (A) STATE	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
	ONDERLYING CONDITION EAST.	(c)	us of need vogs	nul Wall			
. 1	I TRIBUTING TO THE DEATH, BUT NOT R	ELATED					
1		JOR FINDINGS OF OPER	ATION		20. AUTOPSY?		
4	21A. ACCIDENT WAS UNDER. 21E				YES NO		
. 1	LI CAUSE OF DEATH	 PLACE OF INJURY (e. g., in home, farm, factory, etreet, office bldg., e 	n or 21c, WHERE DID (I	f in Baltimore City, give	exact location)		
ľ	21D. TIME (Month) (Day) (Year) (Hour	21E. INJURY OCCURRE	ED 21F. HOW DID INJURY	OCCUR?			
	m. WHILE AT NOT WHILE ME AT WORK						
	22. I hereby certify that I attended the deceased from 9/23, 1950, to 10/31, 1965, that I last saw th						
	deceased alive on 10/3/ ,195	ond that death occur	red at 6:354 m., from ti	he causes and on the c	late stated above.		
	Allud of dofo	/	3B. ADDRESS P27N. Dows+	2	3C. DATE SIGNED		
-	24A. BURIAL, CREMA- 24B. DATE O	24C. NAME OF CEMETE		OCATION (City, town, or	1/1-/		
	Burial 11/3/1950	Mt Calvery Cer	m. Bro	oklvn Md.			
	DATE RECEIVED BY REGISTRAR'S SIG	YATURE I	FUNERAL DIFECTOR		DRESS		
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No 2. DATE (Type or Print) OF LOWE DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence 3. PLACE OF DEATH B. COUNTY A. Baltimore City, Maryland (If not in hospital or institution, give street address or HOSPITAL OR location) (If outside corporate William, writer UHAL, and give INSTITUTION Yrs. D. STREET ADDRESS MUS. c. Length of stay in Baltimore Pare 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year 8. DATE 9. AGE (In years) WIDOWED DIVORCED (Specify last orthday) Months Days Hours Min. iclowed 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work doneduring most of working life, even if retired) INDUSTRY WHAT COUNTRY? tome MAIDEN NAME reorge 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITIONS CON-П TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office hidg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 3 , 1950, to 31 Oct , 1950, that I last saw the deceased alive on 30 Oct, 1950, and that death occurred at 10 45 Am., from the causes and on the date stated above. 23c. DATE SIGNED 23 SIGNATURE 24A. BURIAL, CREMA-DATE RECEIVED BY REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR howthe after VS 150



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED (Type or Print) 2. DATE 10-31-10 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived: If institution: residence
A. STATE
B. COUNTY OF The fore-admission in the company of A. Baltimore City, Maryland (If outside corporate limits, write RURAL and give (If not in hospital or institution, give street address or B. FULL NAME OF location C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8 DATE OF BIRTH 9. AGE (years | Muder | Year | Muder 24 Hours | last b | day) | Months Days | Hours Min. WIDOWED, DIVORCED (Specify) 10A. USUAL OCCUPATION (Give kind of HOB. KIND OR BUSINESS OR work denginging most of working life, even if retired) 1. BURTHPLACE (State or/foreign country) INDUSTRY 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME informati 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no of anknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO 18. 2 CAUSE OF DEATH 0 > DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: RTIFI 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION CAL important. 218. PLACE OF INJURY (e.g., in or | (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERō INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY especially WHILE AT NOT WHILE 9-15-50 22. I hereby certify that I attended the deceased from. 10-31, 1950, and that death occurred at 12 spm., from the causes and on the date stated above deceased alive on_ 23A. SIGNATURE 23B. ADDRESS (slast 24A BURIAL, CREMA-TION REMOVAL (Specify) 24C/NAME OF CEMETERY OR CREMATOR urual DATE RECEIVED BY REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR LOCAL REGISTRAR VS 150

19 to 10.31 , 19 1 What I last saw the 23¢. DATE SIGNED 10-3150 ADDRES8

township

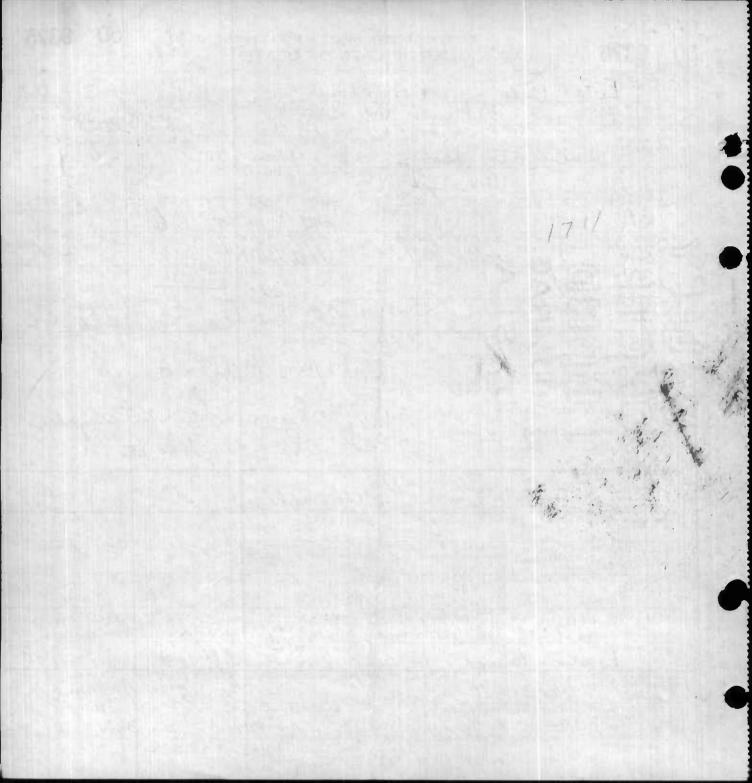
12. CITIZEN OF

INTERVAL BETWEEN

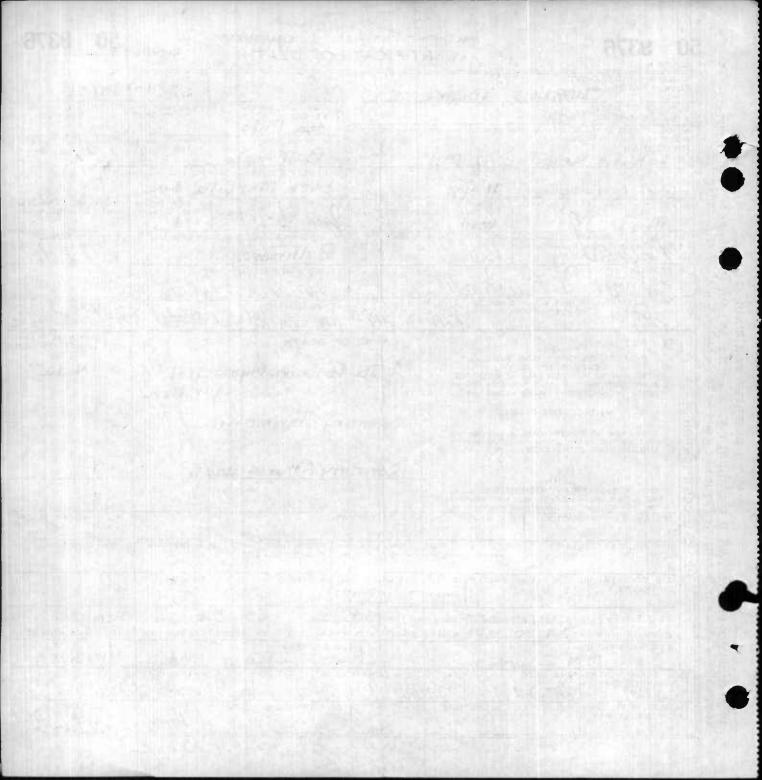
ONSET AND DEATH

20. AUTOPSX

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF 10/30/50 HARLES BLAKENEY 4. USUAL RESIDENCE (Where deceased lived, If institution; residence 3. PLACE OF DEATH: A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or 540 B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate) limits write AUNAL and give INSTITUTION township) namillos Mountan Yrs. D. STREET ADDRESS (If rural, give location) Mos. 5686 Merville Ave UND c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 1 Year If Under 24 Hours 9. AGE (In years) WIDOWED, DIVORCED (Specify) last birthday) Months; Days Hours; Min. should clearly an wid 10x. USUAL OCCUPATION (Give kind of work done do ling most of yorking life, even if retired) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF Ballimore 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME informat 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no of unknown) (If yes, give war or dates of service) 16. SOCIAL of IT, INFORMANT ADDRESS SECURITY causes NTERVAL BETWEEN CAUSE OF DEATH 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH " Acute Postenia Myocardial In-(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, farction injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. (B) Carmary Inrombosis ō DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE ADING UNFADING Physicians: UNDERLYING CONDITION LAST. (c) Coronary Atheros Unosis RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. ACCIDENT, SUICIDE, EDI HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F, HOW DID INJURY OCCUR? OF INJURY especially 22. I hereby certify that I attended the deceased from Oct . 30 . 1950 to Oct. 30 , 1950 that I last saw the deceased alive on Oct. 30, 1950, and that death occurred at UP WRITE m., from the causes and on the date stated above. 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE gedt manutured 10/31/50 WIA Egmang ag 24A BURIAL CREMA-240 NAME OF CEMETERY OR CREMATORY 24D) LOCATION (City, town, or county) correct KDDRES8 DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR harring on / miliants, M. B. 54431



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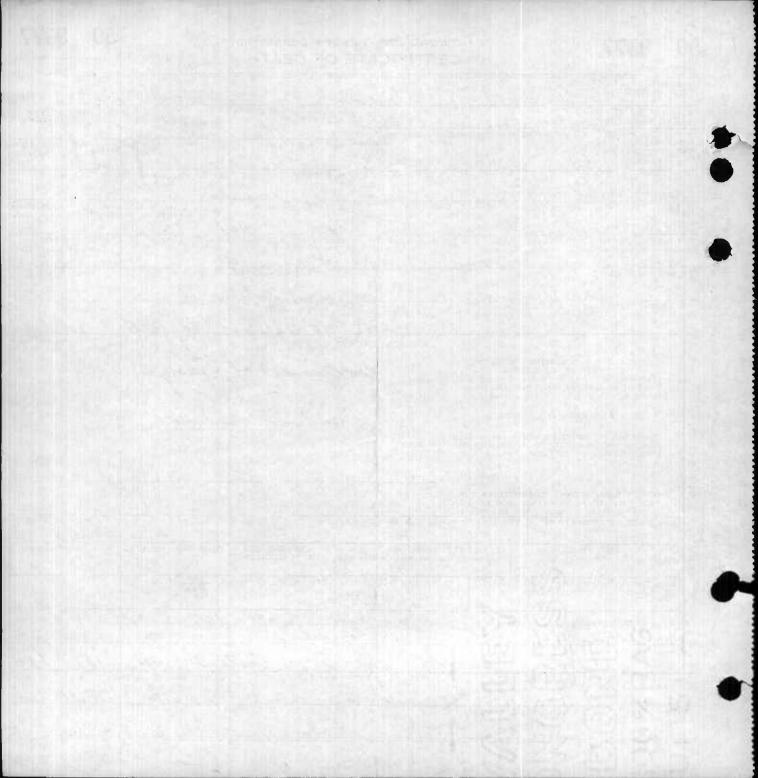
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LOCAL REGISTRAR

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20. AUTOPSY (If in Baltimore City, give exact location) . 1950 that I last saw the 2.m., from the causes and on the date stated above. 23c. DATE SIGNED lemelery REGISTRAR'S, SIGNATURE 25. FUNERAL DIRECTOR water Williams, Not

before admission)



BALTIMORE CITY HEALTH DEPARTMENT

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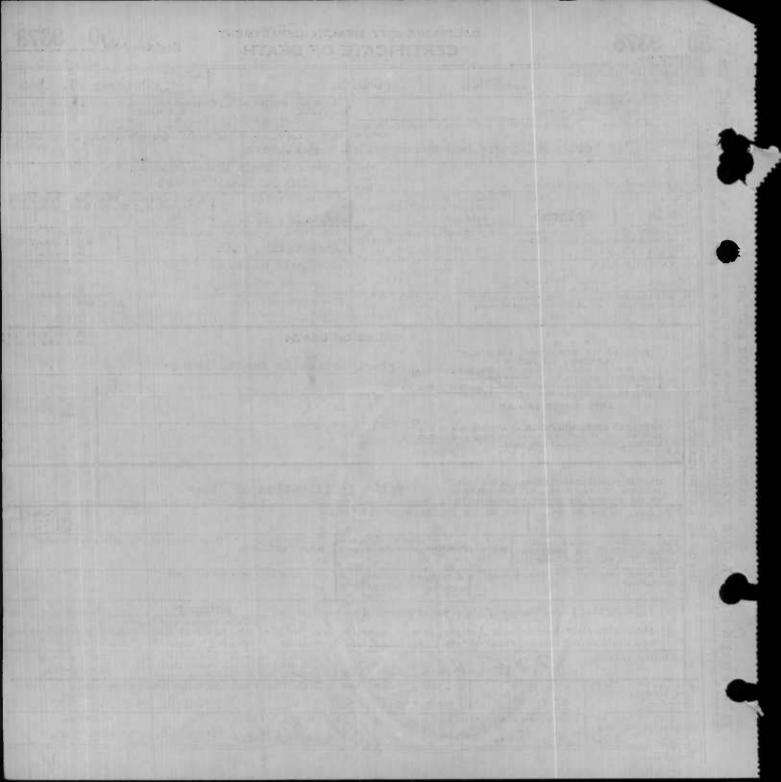
BIR	3378 eth No.	CERTIFICAT	E OF DEATH	Registered No.	3378
1. N (Typ	NAME OF DECEASED pe or Print)	AWRENCE CHO:	ICE	2. DATE OF October	29, 1950
B. F.	SPITAL OR	al or institution, give street address of location imore General Hospit	c. CITY OR TOWN (If		before admission
c. I	Length of stay in Baltimore	Yrs. Mos. Days	1010 S Fritary	ural, give location) Street	
5. S	6. COLOR OR RACE Sale Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specific Married	8. DATE OF BIRTH	9. AGE (In years H Under Months 50	Year If Under 24 Hour Days Hours Min
F F	. USUAL OCCUPATION (Givekindof lone during most of working life, even if retired) 1sh Packer		Greenville, S.C.		WHAT COUNTRY U.S.A.
	FATHER'S NAME Wm. Choic		Annie White	ME	
(Yes,	WAS DECEASED EVER IN U. S. ARMED no or unknown) (If yee, give war or date:	D FORCES? 16. SOCIAL. SECURITY NO.	Mrs. Mary Jack	ADDRE kson 628 S.Pa	
RTIFICATION	DISEASE OR CONDITION LEADING TO DEA' (This does not mean the mode of heart failure, asthenia, etc. It mea injury or complication which of the control of the	DIRECTLY TH Of dying, e.g., Ins the disease, caused death.) DUE TO SES (B) STATING THE DUE TO	OF DEATH OSCIETOTIC heart d		ONSET AND DEAT
<u> </u>	OTHER SIGNIFICANT CONDITIONS TO THE DISEASE OF CONDITION	NOT RELATED Fatty	infiltration of li		
AL C	19a. DATE OF OPERATION 1:	98. MAJOR FINDINGS OF OPE			YES NO
	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	218. PLACE OF INJURY (e.g., about home, farm, factory, street, office bldg.	In or 21c. WHERE DID (If ,etc.) INJURY OCCUR?	in Baltimore City, give es	xact location)
	21D.TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURE WHILE AT NOT WHILE M. WORK AT WORK		OCCUR?	
1.	22. I certify that I took charge of the remains described above, held an Autopsy thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated about and death in my opinion resulted from natural causes. A, accident , suicide , homicide , undetermined .				
	KS	Frehen 1	ASSISTANT MEDICAL E	XAMINER	-30-50
Bu	rial 11/3/5	Bakers Cha	pel Gr	eenville, S.	J.
	TE RECEIVED BY REGISTRAR	s SIGNATURE	25. FUNERAL DIRECTOR 5	ADD 12 Carrolltor	Ave

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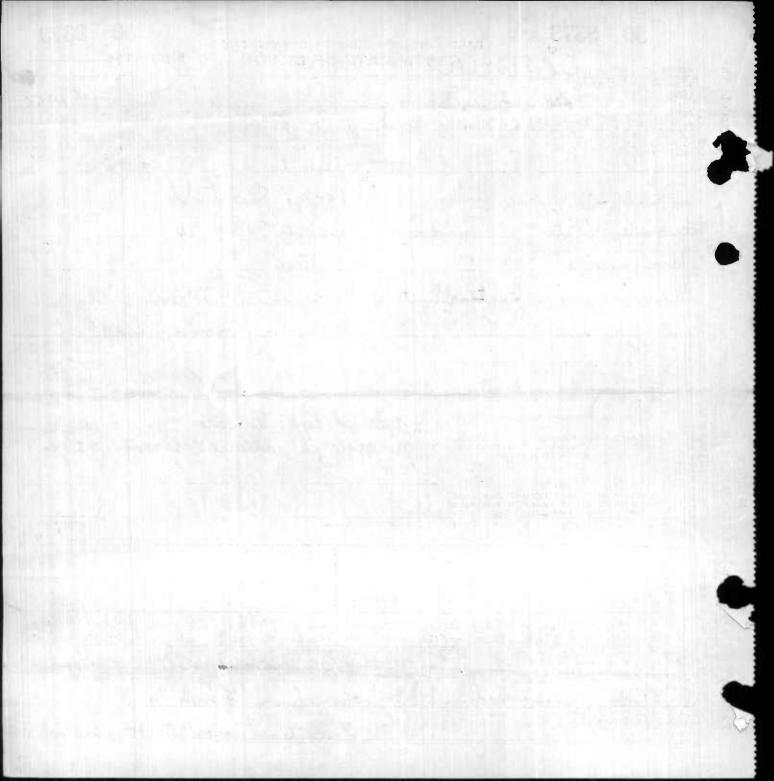
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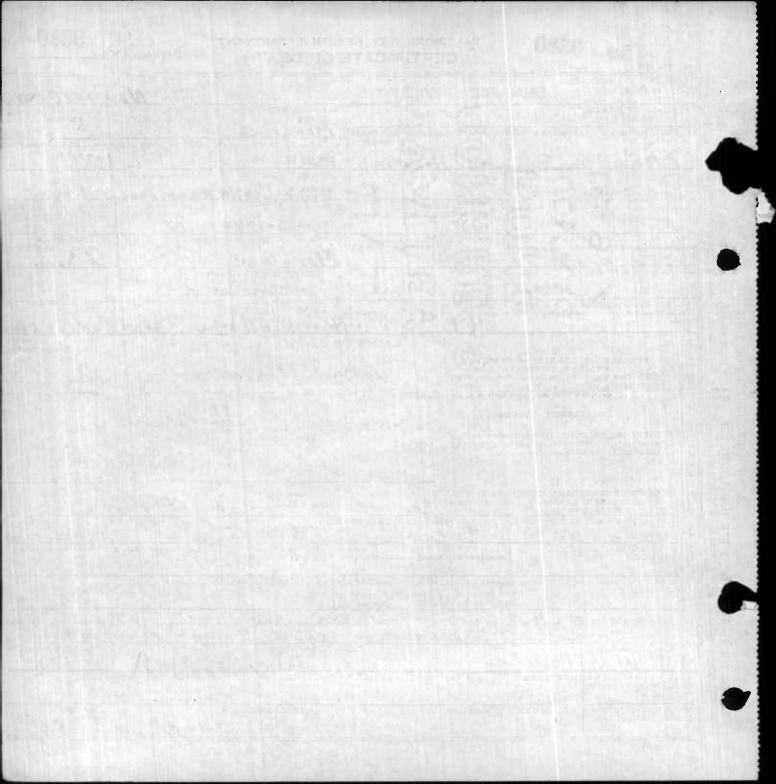
BALTIMORE CITY HEALTH DEPARTMENT

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E	CERTIFICATE OF DEATH Registered N	Vo
	1. NAME OF DECEASED (Type or Print) 2. DATE OF DEATH NO.	- 1st 1950
1	B. PLACE OF DEATH: A. Baltimore City, Maryland 4 3.1. Post 4. USUAL RESIDENCE (Where deceased lived. If B. COUNTY B. FULL NAME OF (If not in hospital or institution, give street address or	institution: residence before admission)
F	HOSPITAL OR INSTITUTION (If outside corporate limit	s, write RURAL and give township)
	Yrs. D. STREET ADDRESS (If rural, give location) Mos. Days 1823 N Dat 1	
	5. SEX 6. COLOR OR RACE 7. SM-SLL, MARKIED, 8. DATE OF BIRTH 9. AGE (In years) 1	Under I Year If Under 24 Hours nths Days Hours Min.
1	OA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY) INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	•
1 ()	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. SECURITY NO.	DDRESS
	18. 447 () . CAUSE OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	6 110
NOITA	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ORDERLY OR ORDERLY OF ORDERLY OF ORDERLY OF ORDERLY OF ORDERLY OR OR ORDERLY OR ORDERLY OR OR OR ORDERLY OR	10 yrs -
FRTIFIC	OTHER SIGNIFICANT CONDITIONS CON-	
AI	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
FDICE	HOMICIDE (Specify) About bome, farm, factory, street, office bldg., etc.) INJURY OCCUR?	give exact location)
Σ	21b. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY m. Work Norwhile AT Work	
	22. I hereby certify that I attended the deceased from 1948 to 1950, 1950 and that death occurred at 1960, from the causes and on the	that I last saw the
	SIGNATURE OLUMBER A M. D. 23B. ADDRESS COMMENT ON SIGNATURE OLUMBER AND M. D. 23B. ADDRESS COMMENT ON SIGNATURE OLUMBER ON SIGNATURE OLUMBER ON SIGNATURE OLUMBER ON SIGNATURE OLUMBER	23c/DATE SIGNED
1	24a. BURIAL CREMA- 24B. DATE 24c. NAME OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, Burial Work May 1960 to helperstian less thank Ma	or county; (State)
	DATE RECEIVED BY REGISTRAR'S SIGNATURE	ADDRESS PAR DAY
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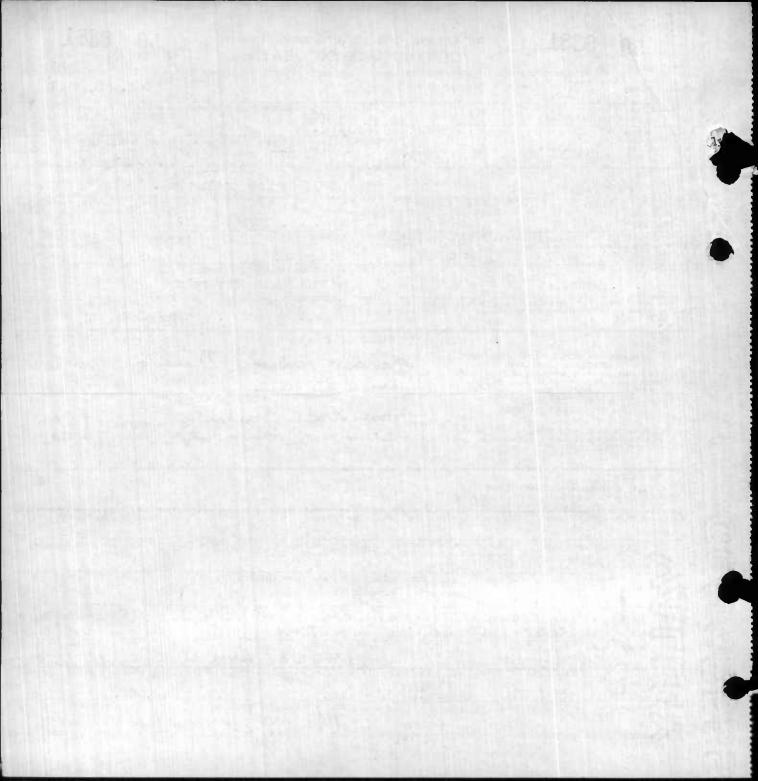


9380 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) LAMAR JAMES HUTTON WHITAKER DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland B. COUNTY before admission) Yerylan B. FULL NAME OF (If not in hospital or institution, give street address or location) C. CITY OF TOWN (If outside corporate limiterwrite RARAI and give INSTITUTION FRANKliv Raltimore should be carry and legib Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore KeRest Ave. Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED If Under 24 Hours 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | It Under 24 Hours | last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Widowed 10A. USUAL OCCUPATION (Give kind of 11. B RTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? City Police Dept. Police Officer C Maryland informat. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James L. Whitaker Marcilean Hutton 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. causes Jo item INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Φ DISEASE OR CONDITION DIRECTLY Every if LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p DUE TO UNDERLYING CONDITION LAST. RTIF (C) 11 OTHER SIGNIFICANT CONDITIONS CONtui TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY LY, WITH important. EDICAL YES NO 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., is or about home, farm, factory, street, office bldg etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY NOT WHILE WHILE AT TE P AT WORK WORK 1950 to 22. I hereby certify that I attended the deceased from 9-. 1950 that I last saw the WRITE e is esp 1950, and that death occurred at 145 Hm., from the causes and on the date stated above, deceased alive on 11-1 234/ SIGNATURE 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 田 eg PLLA.S. Burial Parkwood Cem. Balto. Md. DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS LOCAL REGISTRAR NUVS 150



1	be ca	d legim
	plnon	ly an
MARGIN RESERVED FOR BINDING	PLE WRITE PL, WITH UNFADING INK. Every item of information hould be con	correct age is especially important. Physicians: please write the causes of death () and legiment
MARGIN RESERV	UNFADING INK.	Physicians: please w
1	WITH,	Il important.
1	PLE WRITE PL	correct age is especia

11	2-500	
	50 9381 BALTIMORE CITY HE CERTIFICATI	E OF DEATH Registered No.
	1. NAME OF DECEASED (Type or Print) EISIE ROSELLA ZINN	2. DATE Oct. 30, 1950
4	3. PLACE OF DEATH: A. Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived. If institution : residence A. STATE B. COUNTY before admission
1	B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3013 Gwynns Falls Pkwy•	c. CITY OR TOWN (If outside corporate limits, write RURAL and given Baltimore (Saltimore)
	Yrs. Mos. c. Length of stay in Baltimore Days	o. STREET ADDRESS (If rural, give location) 3013 Gwynns Falls Pkwy.
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) wildowed wildowed	8. DATE OF BIRTH 9. AGE (In years of Under 1 Year Months Days of Under 24 Hours Min. 72
	10A. USUAL OCCUPATION (Give kind of work done during most of work log life, evec if retired) housewife 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
	13. FATHER'S NAME Wm. H. Bleakley	14. MOTHER'S MAIDEN NAME Laura Jane Graverein
	15. WAS DECEASED EVER IN U, S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Mrs. Horace T. Jacobs 3013 Gwynns Fall
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CON-	io Voscular Blacase 10 pro futuraria. 10 pro ul an Jailura 9 da ahol Hermeraza 2 da
	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OPER	RATION 20. AUTOPSY?
	21a, ACCIDENT WAS LINDER. 21B, PLACE OF INJURY (6.8.1)	io or 21C. WHERE DID (If in Baltimore City, give exact location)
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from	21F, HOW DID INJURY OCCUR?
	23A. SIGNATURE M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	1202 Sr Paul W 23c. DATE SIGNED
	Burial 11/3/50 Druid Ridge	Cem. Pikesville, Md.
	DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR V SMS - DALTO
	WVs 150 130 trutivator Villians, Mit	920



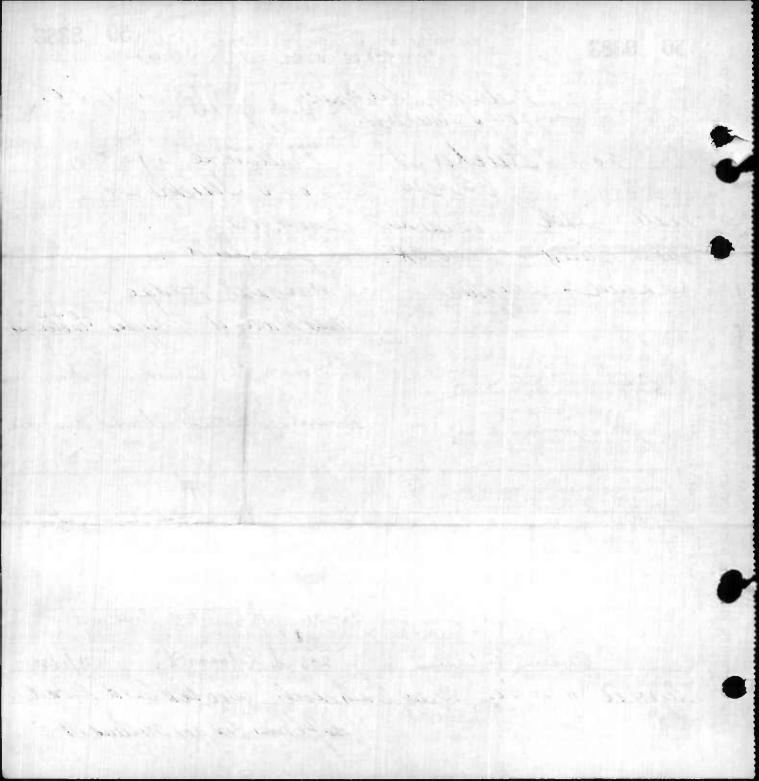
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BALTIMORE CITY HEALTH DEPARTMENT

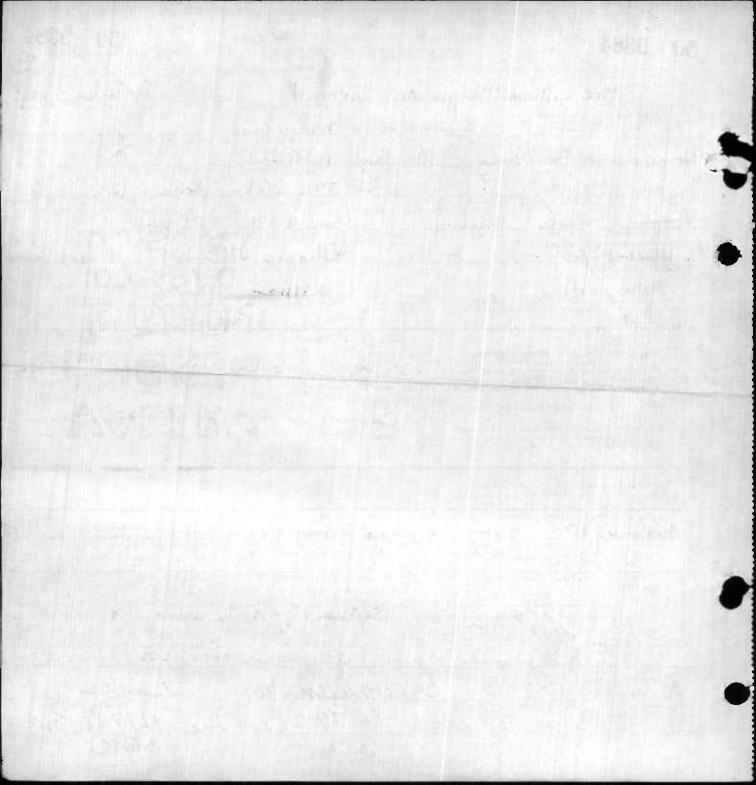
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BIRTH NO.			CERTIFICATI	E OF DEATH	Registered	NO	
1. NAME OF D (Type or Print)	ECEASED	WALTER	M. WEILEPP		2. DATE NO DEATH	v, 1, 1	950
3. PLACE OF D A. Baltimore (City, Maryland	al or institut	ion, give street address or	4. USUAL RESIDENCE ()	Where deceased lived B. COUNTY		residence ore admission)
HOSPITAL OR	306 Thorn	hill R	d. location)	c. CITY OR TOWN (III Baltimore	f outside corporate lim	nits, write RU	RAL and give township)
c Length of s	tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If	rural, give location)		
5. SEX	6. COLOR OR RACE	WIDOW	Days E. MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Year Months Days	Hours Min.
work doneduring most	CCUPATION (Give kind of of working life, even if retired) ent Broker	10B. KIND	ried of Business or urities urities	Oct. 14, 1889 11. SIRTHPLACE (State or f Maryland	oreign country)	12. CITIZ WHA	EN OF
	Weilepp			14. MOTHER'S MAIDEN N Estelle Lohmeyer			
15. WAS DECEASI (Yes, no or unknown) NO	ED EVER IN U, S. ARMED (If yes, give war or dated	FORCES?	16, SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ruth E. Wei		ADDRESS ornhill	Rd.
(This does heart failu	SE OR CONDITION LEADING TO DEAT not mean the mode of tre, asthenia, etc. It mea complication which c	H f dying, e.g ns the diseas	Cor	onen Throm	dosis		AND DEATH
Z O DISEASES RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, II HE ABOVE CAUSE (A) YING CONDITION LA	ES ANY, GIVIN	(B) 2hr	onfo phlabi	ho'	34	ygen-
OTHER S	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATE	angio	reuntie ede	me		
19A. DATE C	of OPERATION 1	98. MAJOR	FINDINGS OF OPER	ATION		20. / YES	AUTOPSY7
21A. ACCID	DENT WAS UNDER. R CONTRIBUTING DEATH		ACE OF INJURY (e. g., in arm,factory,street,office bldg.,e		If in Baltimore City,	, give exact	location)
OF INJURY	(Month) (Day) (Year)		WHILE AT NOT WHILE AT WORK		Y OCCUR?		
	y certify that I att live on Oct 21	1950	and that death occur	, , , ,	the causes and on	the date st	ast saw the tated above.
24A. BURIAL (STION, REMOVAL (SBurial	CREMA- 24B. DATE		Greenmount	RY OR CREMATORY 24D. L	OCATION (City, tow	n, or county)	(State)
DATE RECEIVE LOCAL REGIST	D BY REGISTRAR			28) FUNERAL DIRECTOR	lenert.	ADDRES	Bolto
VS 150	houthing	r Willi	mus, M. 1 2 9 0	72	9	401	md.





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	0004 B	ALTIMORE CITY HEALTH DEPARTMENT	50 9384
-	50 9384 BIRTH NO.	CERTIFICATE OF DEATH	Registered No.
	1. NAME OF DECEASED	1) 0 11	2. DATE OF
	3. PLACE OF DEATH:	AGUMALE COMPRESIDENCE (V	DEATH John the 1 1950 Where deceased lived, If institution: residence
	A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or instit	eution give street address or Many and	B. COUNTY before admission)
	HOSPITAL OR	1	outside corporate limits, write RURAL and give
3,0	Wapital for the Women	Many and Balliman Yrs. D. STREET ADDRESS (If	rural, give location)
0	c. Length of stay in Baltimore	Mos. Days 3911 Stokes	Nrive (29)
		LE, MARRIED, DWED, DIVORCED (Specify)	9. AGE (in years of Under 1 Year last birthdax) Months Days Hours Min.
		ND OF BUSINESS OR M. BIRTHPLACE (State or for	oreign country) 12. CITIZEN OF
	work does during most of working life, even if retired)	- INDUSTRY Dilles sie. Ill	WHAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN N.	AME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16, SOCIAL 17, INFORMANI	Kamsey
	(Yee, oo or waknown) (If yee, give war or dates of service)	SECURITY NO?	ADDRESS
	18. 199 d	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTL LEADING TO DEATH (This does not mean the mode of dying,	24-4-4:4: 000	OF PSETTONEUM & WEEKS
	heart failure, asthenia, etc. It means the dise injury or complication which caused des	ease,	, , , , , , , , , , , , , , , , , , , ,
	ANTECEDENT CAUSES		000000
	DISEASES OR CONDITIONS, IF ANY, GIVE TO THE ABOVE CAUSE (A) STATING		NE PEMARY SIE UNENOUND
4	UNDERLYING CONDITION LAST.	(C)	
	OTHER SIGNIFICANT CONDITIONS C		
	TRIBUTING TO THE DEATH, BUT NOT RELA	TED	
	19A. DATE OF OPERATION 19B. MAJO	OR FINDINGS OF OPERATION	20. AUTOPSY?
	U and a second and		lf in Baltimore City, give exact location)
4	LYING OR CONTRIBUTING about hon	ne, farm, factory, street, office bldg., etc.) INJURY OCCUR?	and the second of the second o
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED 21F. HOW DID INJURY	Y OCCUR?
	m.	WHILE AT NOT WHILE AT WORK	
	deceased alive on 1- www 195	he deccased from September 15, 1950, to le and that death occurred at 1 4 m., from t	the same and on the data stated above
	23A. SIGNATURE	238. ADDRESS	BALTO MO 23C. DATE SIGNED
0	24A. ABURIAL. CREMA-) 24B. DATE	M. D. SZI HGO KAL AT	OCATION (City, town, or county) (State)
	Nouserax 11-2-50	CCOOMON Var	Same
	DATE RECEIVED BY REGISTRAR'S SIGNA	TURE 25 FUNERAL DIRECTOR	APPRES
	NOV 2 - 1950 Tuetington Mil	liams, Me U W- Cook)	ne It/ Staw
	VS 150		city (2)
			76 e



BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) MARY D. WILSON November 1 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or Marvland B. FULL NAME OF HOSPITAL OR location) c. CITY OR TOWN (If outside corporate limits, write AURAL and give INSTITUTION Provident Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. c. Length of stay in Baltimore 817 N. Calhoun Street Days 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years If Under 1 Year If Under 24 Hours Iast birthday) Months; Days Hours; Min. 8. DATE OF BIRTH WIDOWED, DWORCED (Specify) Female Colored Widow 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Jouseur 13. FATHER'S NAME 14. MOTHER'S MAIDEN informatio BINDING 15. WAS DECEASED ELER IN U. S. ARMED FORCES? 16. SOCIAL ADDRESS (Yes, no or unknown) SECURITY NO. causes CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular (This does not mean the mode of dying, e.g., Every write th heart failure, asthenia, etc. It means the disease, RESERVED disease injury or complication which caused death.) XXXXX ANTECEDENT CAUSES Second and third degree burns of DISEASES OR CONDITIONS, IF ANY, GIVING thorax, head, and neck (Postmortem XXXXXX RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. UNFADING Physicians: MARGIN RTIFI 111 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION WITH important. 218. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-UTING T CAUSE OF DEATH. 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 210. TIME (Month) (Day) (Year) (Hour) OF INJURY WHILE AT WORK TE PL especial 22. I certify that I took charge of the remains described above, held an Inspection & Inquirythercon and from Autopsy, Inspection or Inquiry RITE is esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes Z, accident \(\subseteq \), suicide \(\suprempta \), homicide \(\suprempta \), undetermined \(\suprempta \). 23A. SIGNATURE 238, CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED age ASSISTANT MEDICAL EXAMINER.... MEDICAL INVESTIGATOR 24A. BURIAL CREMA-TION, REMOVAL Specify) 24D. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CRUMATORY 248. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR

VS 151

before admission)

12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND OEATH

20. AUTOPSY1

From Med. Exam. office by pleane "/2/50 - Esternen "Had hot plate on, when heart attack overcame her, fell one on hot plate, clothes caught fire (efter death)"

PLEASE WRITE PLACY, WITH UNFADING INK. Every item of informatic hould be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

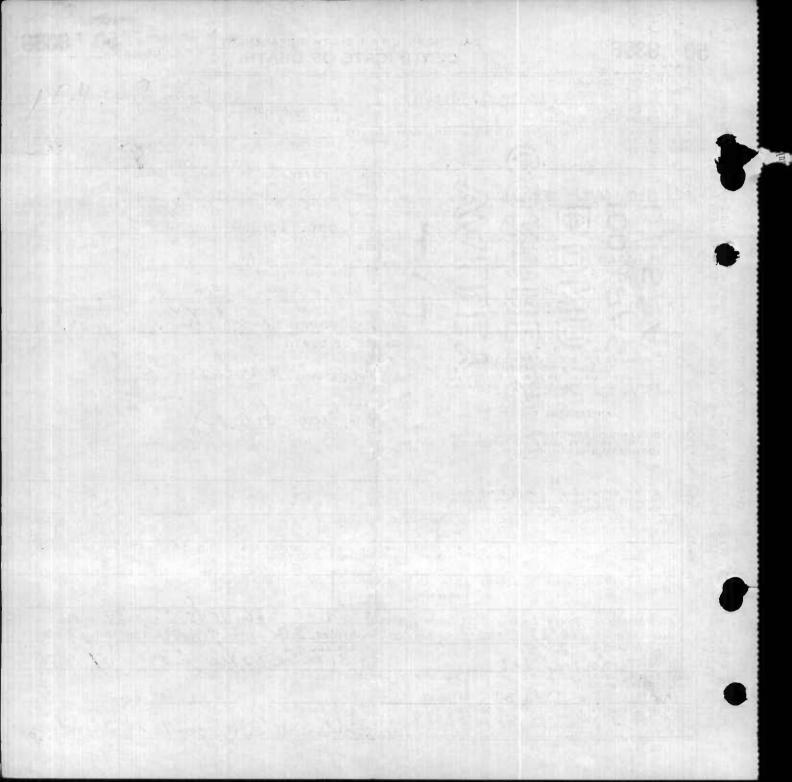
BALTIMORE CITY HEALTH DEPARTMENT

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0	0000	CERTIFICATI	- OF DEATH	registered Me	U
BI	RTH NO.				
1.	NAME OF DECEASED		1	2. DATE	
(T	ype or Print) Minn	ie C. Seaton		OF DEATH OCT	31 1050
3.	PLACE OF DEATH:	o o coacon	4. USUAL RESIDENCE (Whe		
	Baltimore City, Maryland		A. STATE	B. COUNTY	before admission
		tal or institution, give street address or	Md.		ates.
	SPITAL OR STITUTION	location)	C. CITY OR TOWN (If our	tside corporate limits,	write RURAL and giv
111	318 S.Lel	ni mh Q+	D-1+4.		township
-	V DIO D'THEI	Yrs.	Balti:	MOLE THE	
		Mos.	D. SIREET ADDRESS (II Tur	ai, give location)	
C.	Length of stay in Baltimore	Days	318 S. Lehigh	St.	
5.	SEX 6.COLOR OR RACE		B. DATE OF BIRTH	. AGE (In years If U	Inder 1 Year If Under 24 Hours
	F W	WIDOWED, DIVORCED (Specify)			ths Days Hours Min.
10		I VV	Oct. 14, 1866 11. BIRTHPLACE (State or forei	94	
	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)		11. BIRTHPLACE (State or fores	gn country)	12. CITIZEN OF WHAT COUNTRY
	at home		Baltimore	11/2 200	
13	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
	A 3. 50 3				
	Andrew Dosch		Mary Saute:	r	
15 /Va	. WAS DECEASED EVER IN U. S. ARME , no or nnknown) (If yes, give war or date	D FORCES? 16. SOCIAL set of service) SECURITY NO.	17. INFORMANT	AD	DRESS
(10	(1. Jos, g. re war or date	SECORITY NO.	George Seaton 6	31 S Tobia	h 9+
-	1		deorge beaton of	DA D'HOUTE	INTERVAL BETWEEN
	18. 420.1	CAUSE	OF DEATH		ONSET AND DEAT
	DISEASE OR CONDITION	DIRECTLY	2 0	,	
	LEADING TO DEA	TH (1)	were Packer	And	
	(This does not mean the mode heart failure, asthenia, etc. It mes	of dying, e.g., (A)	may cour		
	injury or complication which	caused death.) DUE TO			
		1	very Occlus		
-	ANTECEDENT CAU	SES AL	Klui - VeloiM	1	
6	DISEASES OR CONDITIONS.	(B)		***************************************	
Ĕ	RISE TO THE ABOVE CAUSE (A)	STATING THE DUE TO			
4	UNDERLYING CONDITION L	AST.			
RTIFICATION					1 3 3 7 7 7 7 7 7 7
쁜	II .	(C)			
2	OTHER SIGNIFICANT COND				
LLI	TRIBUTING TO THE DEATH, BUT				
O	19A. DATE OF OPERATION	198, MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
٦	ISA. BATE OF OF ENATION O				
EDICA			Lots which his dis-	D 14: C:4:	
ŏ	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		n Baltimore City, gi	ve exact location)
	HOMICIDE (Speelly)	and a man and a	11100111 0000111		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY O	CCUP?	
	OF INJURY			,ccorr	
		m. WHILE AT NOT WHILE		1	
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ы	22. I hereby certify that I at	tended the deceased from L	/		that I last saw th
	deceased alive on 10/28	, 19 50, and that death occur		causes and on the	
Н	23A. SIGNATURE		3B. ADDRESS	1	23c DATE SIGNED
	1 her letter	W M. D.	3123 Easth	Al	10/1/50
2	AA. BURIAL CREMA- 248 DATE	24c. NAME OF CEMETE		ATION (City, town, o	or county) (State)
TI	ON, REMOVAL (Specify)				
	Burial 11/3/	50 Oak Lawn		Baltimore	
D	ATE RECEIVED BY REGISTRAR		25. FUNERAL DIRECTOR	- 371110 - 0	ADDRESS

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Hoffman 1639 Broadway



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UNFADING Physicians: p

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Karl L. Keellner Oct. 3150 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate imits, write RURAL and give institution 1222 S. Carey St. Bal timore D. STREET ADDRESS (If rural, give location) Yrs. Mos 1222 S. Carey St. Life c. Length of stav in Baltimore Days 5. SFX 6. COLOR OR RACE 8. DATE OF BIRTH 7. SINGLE, MARRIED Single (Specify) 9. AGE (In years) If Under 1 Year last birthday) Months Days Hours Min. Male March 20,1903 10A. USUAL OCCUPATION (Givekind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF ork dereducing most of yet in Tie, we if we were WHAT COUNTRY? Dixie Manufact Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Keellner 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT SECURITY NO Ars. Frieda Dailey, 1222 S. Carey St. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH. BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION none 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY NOT WHILE! 45 1950, to 22. I hereby certify that I attended the deceased from 10 19 that I last saw the 30 , 1950, and that death occurred dt deceased alive on 10 Pm., from the causes and on the date stated above. 23A. STGNATURE 23c. DATE SIGNED 24A. BURIAL. CREMA-TION. REMOVAL (Specify) 248, DATE Nov. 3/50 Western Edmondson Ave. & Longwood St. Balto. Md.

VS 150

DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

metro for / Villaus, M.

25. FUNERAL DIRECTOR

ADDRESS

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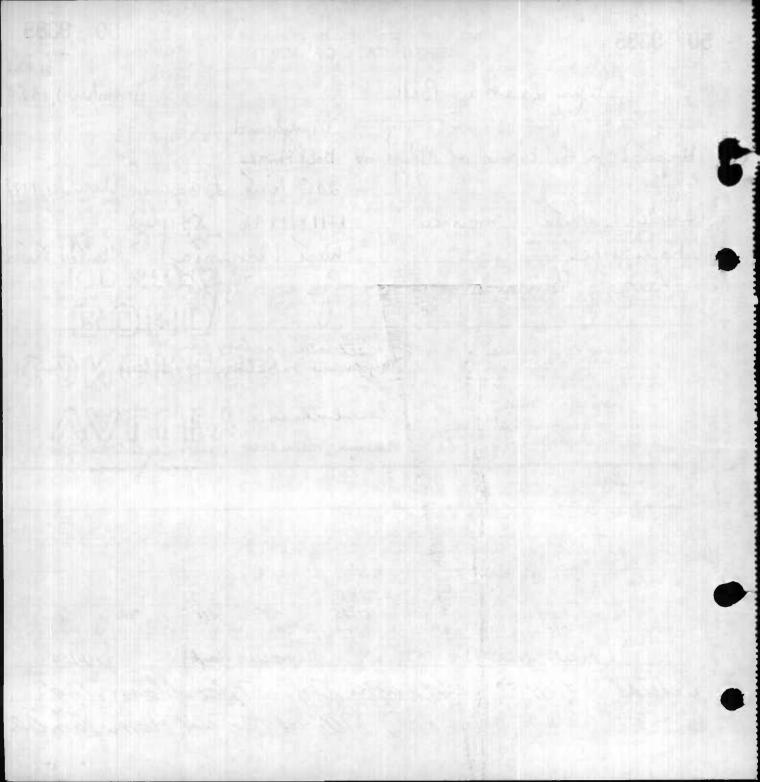
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BALTIMORE CITY HEALTH DEPARTMENT

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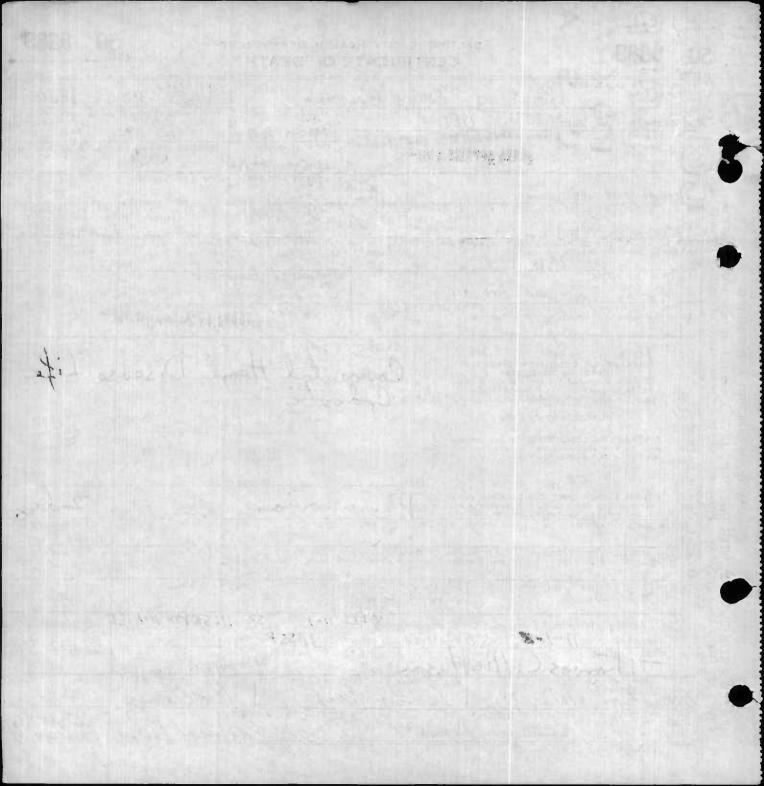
1	PIRTUNG	CERTIFICAT	E OF DEATH	Registered No	0
=	1. NAME OF DECEASED				u nn
_	(Type or Print) Mrs. Leatha	Bell		2. DATE OF DEATH	mber 11980
	A. Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived, If in	nstitution : residence before admission)
	B. FULL NAME OF (If not in hospital or institu		Manyland		
11	HOSPITAL OR	location)	C. CITY OF TOWN	(If outside corporate dinits,	write RURAL and give township)
	Angeral on the Women	Mayland	Ball Hool	6	- CONTROLLED
4	c. Length of stavin Baltimore	Yrs. Mos. Days	205 Weak	(If tural, give location)	Lucius (17)
-		E. MARRIED. WED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGF (In years) HU	Inder I Year If Under 24 Hours ths: Days Hours Min.
1	female Whise ma	mica	12/18/1890	54 Was	
W	10A. USUAL OCCUPATION (Give kind of orling) or in the domain of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF
_	house will -		West Vina	mia I	maxed State
	13. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME	
	Lev. & Burrows		Jane Wil	labi	
10	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	AD	DRESS
		SECONTT NO.			
	18. 420, /	CAUSE	OF DEATH	1 deni	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	· su	OF DEATH elevatic concras andreal Infantion	y Chicamore	ONSET AND BEATH
	(This does not mean the mode of dying, e.	E., (A) Myoe	adeal Infaction	due to acteur	1 day
	heart failure, asthenia, etc. It means the disea injury or complication which caused deat	ac.			
	ANTECEDENT CAUSES		41 .		
12	z	(B) Chal	celythiasis		
1 5	DISEASES OR CONDITIONS, IF ANY, GIVI RISE TO THE ABOVE CAUSE (A) STATING T	NG HE DUE TO		AFEI LE	
1	UNDERLYING CONDITION LAST.	(c) anem	ia, seemdary,	eaure undele	innies
F	OTHER SIGNIFICANT CONDITIONS CO	N =			
L	TRIBUTING TO THE DEATH, BUT NOT RELAT TO THE DISEASE DR CONDITION CAUSING				
1		R FINDINGS OF OPER	RATION		20. AUTOPSY7
1	2				YES NO
	LYING OR CONTRIBUTING about home	ACE OF INJURY (e. g., in farm, factory, street, office bldg.,		(If in Baltimore City, gi	ve exact location)
	CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	IBV OCCUP?	
	OF INJURY	WHILE AT NOT WHILE	ED 21F. NOW DID 11430	JRT OCCORT	
	m.	WORK AT WORK			
	deceased alive on 1/4, 1950	e deceased from 10,	1950, to	11/1 , 130,	that I last saw the
	23A. SIGNATURE		23B. ADDRESS	Hack	23c. DATE SIGNED
1-	249 BURIAL, CREMA- 248. DATE	24c. NAME OF CEMETE	RY DR CREMATORY 24D	LOCATION (City, town, o	or county) (State)
	SAMALA (Specify) n/U/50	Lonain	1 Cm 2	Vandlass	The
6	DATE RECEIVED BY REGISTRAR'S SIGNAT	()	25. FUNERAL DIRECTO	R	ADDRESS (-2 -
1	OV 2 - 1950 turtivator Willi		7/1/west An	rual Hen	1000 1.11
1		AND THE PARTY IN	William (1)	my film	- DEVINEARY
	VS 150				

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	MARGIN RESERVED FOR BINDING	NDING
PLEASE WRITE PLA Y, WIT correct age is especially important	JA Y, WITH UNFADING INK. Every item of informatio would be car ally important. Physicians: please write the causes of death clearly and legibly.	information bould be car inpplied. The
27	MEDICAL CERTIFICATION	BI (T 3. A. B. Hd IN TO
2 0 2 AT COC	1 2 -	

+	PAI TIMOPE	CITY HE	EALTH DEPARTMENT		50 9389		
K	U 9389 CERTI		E OF DEATH	Registered	00 0000		
-	BIRTH NO.						
1	(m n 1)	y Gw	YNNE	2. DATE OF DEATH NO	V 1, 1950		
1	A. Baltimore City, Maryland H.L. OPD		4. USUAL RESIDENCE (V	Where deceased lived, I. B. COUNTY	f institution: residence before admission)		
BIRTH NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital and the company of the co	et address or	C. CITY OR TOWN (If	outside corporate limi	its, write RURAL and give			
1	33				township)		
	c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)			
			8. DATE OF BIRTH		f Under 1 Year If Under 24 Hours Onths Days Hours Min.		
4	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?		
	John Dosling "MD"		14. MOTHER'S MAIDEN N.	AME			
			17. INFORMANT HIS	ROPKINS MUSPIT	PDRESS		
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE T ANTECEDENT CAUSES	Spo	note				
3	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pron	morio		2 days		
1		S OF OPER	RATION		20. AUTOPSY?		
				if in Baltimore City,	give exact location)		
	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY WHILE AT	NOT WHILE	ED 21F. HOW DID INJURY	Y OCCUR?			
	deceased alive on 11-12, 1950 and that a	death occur	rred at fiss P m., from t 238. ADDRESS WINS NO	he causes and on	23c. DATE SIGNED		
	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR	der A	25. FUNERAL DIRECTOR	nul Hom	ADDRESS & F		
C. Length of stay in Baltimore S. SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. Months Days 10. USUAL OCCUPATION (Giveliaded) 10. WIDOWOLD DIVORCED (Speeds) 11. BIRTHPLACE (State or foreign country) 12. CHILD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS OF caleborn) 15. WAS DECEASED EVER IN U. S. ARRUD FORCES? (Yas, so of caleborn) (If yes, give war or divides of service) 16. SCCIAL (This because of caleborn) (If yes, give war or divides of service) 17. INFORMANT 18. THE STANDE 18. THE LEADING TO DEATH (This beat mean the mode of drying, c. g., heart fails not mean the mode of drying, c. g., heart fails not mean the mode of drying, c. g., heart fails not mean the mode of chind disease, injury or complication which caused death.) 18. THE STAND THE STAND THE STAND THE STAND TO THE STAND THE STAND TO THE STAND THE	2						



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1	0 9 BIRTH NO	390 390 S		CERTIFICAT	E OF DEATH	Registered 2	50	9390
	I. NAME OF DECEASED (Type or Print) Mary Eliz. Rumpf					OF 10-30	0-50	
	A. Baltim	ore City, Maryland AME OF (If not in hospit ON Baltimore Ci 14940 Eastern	ty Hosp	itals location)	c. CITY OR TOWN (If Baltimore	B. COUNTY outside corn rate limi	be	fore admission)
and regin	c. Length	of stay in Baltimore 6. COLOR OR RACE	WIDOW	E. MARRIED, /ED, DIVORCED (Specify)	3816 Fait Ave.	9. AGE (in years last birthday)	if Under 1 Year onths Day	If Under 24 Hours Hours Min.
Courty at	10A. USUA	L OCCUPATION (Give kind of g most of working life, even if retired)	1	idowed O OF BUSINESS OR INDUSTRY	Oct. 4, 1883 11. BIRTHPLACE (State or for Maryland	oreign country)	I2, CITI WHA	ZEN OF AT COUNTRY?
negen	13. FATHE	R'S NAME		(D	14. MOTHER'S MAIDEN N	AME		(D
ses of death Car	15. WAS DE (Yes, no or uni	CEASED EVER IN U.S. ARMEI nown) (If yea, give war or date	FORCES?	16, SOCIAL SECURITY NO.	Records: B. C. H.		DDRESS	nue
alist picase willo me caus	(Thi hear injust of the control of t	SEASE OR CONDITION LEADING TO DEA's does not mean the mode of failure, asthenia, etc. It mea y or complication which of ANTECEDENT CAUS EASES OR CONDITIONS, I TO THE ABOVE CAUSE (A) ERLYING CONDITION LA	TH of dying, e. g ns the diseas caused death SES F ANY, GIVIN STATING TE	(A) Cerebrate, DUE TO (B) Hyper	OF DEATH OVASCULAR Accident		One	Week
2101	E OTH	ER SIGNIFICANT CONDI	TIONS COM					

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

21B. PLACE OF INJURY (e.g., in or 21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING about home, farm, fectory, street, office bldg., etc.)

21E. INJURY OCCURRED

23B. ADDRESS

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

m., from the causes and on the date stated above.

2 ID. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT NOT WHILE 21F, HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from_ deceased alive on 10-30

CREMA-

WORK AT WORK 10-23

19 50, and that death occurred at 8:55P

1950, to 10-30

23A. SIGNATURE

CAUSE OF DEATH

24C. NAME OF CEMETERY OR CREMATORY

4940 Eastern Avenue

23c. DATE SIGNED

, 150, that I last saw the

20. AUTOPSY

X

YES

RECEIVED BY REGISTRAR

REGISTRAR'S SIGNATURE suting/or/

24B, DATE

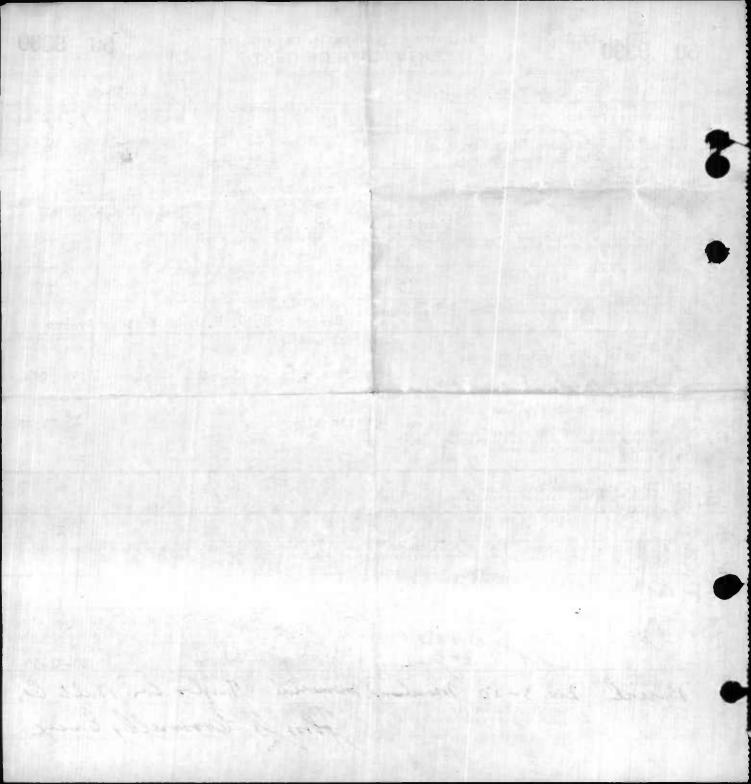
240 LOCATION (City, town, or county)

(State)

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24A. BURIAL.

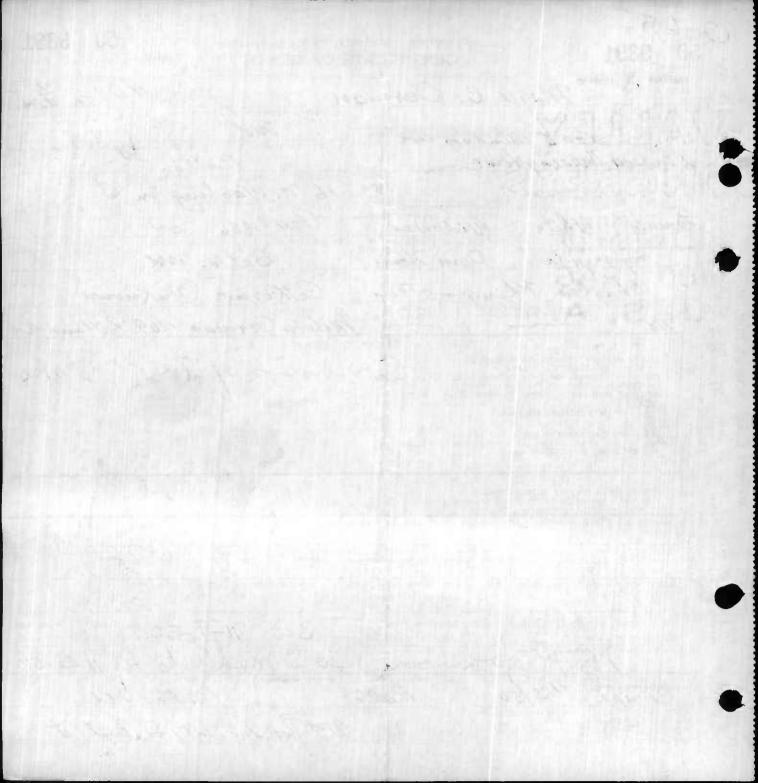
MUNERAL DIRECTOR



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1	PL. SE WRITE PL	correct age is especially important

1-655				
50 9391 BIRTH NO.			Supering Services No.	9391
1. NAME OF DECEASED WAR II	E Oerma	41	2. DATE 11/1/	3
3. PLACE OF DEATH:		4. USUAL RESIDENCE (W	here deceased lived. If inst	
	institution, giventreet address or	Md		134
Windsom Mursia Wor	16-	3	outside corporate Imio, w	township)
00	Yrs. Mos.	11 90 110	ural, give location)	_
	Days		9. AGE (In years If Under	1 Year M Under 24 House
Equala White	Widowed browed (spain)	4/24/1886	last birthday) Months	Days Hours Min.
work done during most of working life, even if retired)	KIND OF BUSINESS OR	II. BIRTHPLACE (State or for	eign country) 12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	Can Home	14. MOTHER'S MAIDEN NA	. Md.	
Charles Klis	igan strin	Catherine	(Zuknow	ne)
(Yes, no or unknown) (Il yes, give war or dates of ser	CFS? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDE	RESS
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30/10	_	OF DEATH	1 .	ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dy)	ng, e. g., (A) (EVV	Thosas Of	Lives	6 mas
		0		
ANTECEDENT CAUSES				
O DISEASES OR CONDITIONS, IF ANY	GIVING	***************************************		
UNDERLYING CONDITION LAST.	(c)		***************************************	
TRIBUTING TO THE DEATH, BUT NOT	RELATED			
V .	The second secon	ATION		20. AUTOPSY?
O				YES NO
L CAUSE OF DEATH			in Baltimore City, give	exact location)
21D. TIME (Month) (Day) (Year) (Hou OF INJURY			OCCUR?	Em Tales
	m. WORK AT WORK			
		3 0 " 11 -		
23A. SIGNATUR A				3c. DATE SIGNED
24A. BURIAL. CREMA- 24B. DATE	24c. NAME OF CEMETE	RY OR CREMATORY 24D. LO	CATION (City, town, or c	7
Burial 1/3/50	Balto		Balto. Mo	(.
LOCAL REGISTRAR	- 15/11 a	10 Fun Red DIRECTOR		
DIRTH NO INAME OF DECEASED (Type of Print) S. PLACE OF DEATH A Baltimore City, Maryland FULL NAME OF JUNE INSULATION OF PRINTING A COUNTY FULL NAME OF JUNE INSULATION OF PRINTING A COUNTY FULL NAME OF JUNE INSULATION OF PRINTING A COUNTY FULL NAME OF JUNE INSULATION OF PRINTING A COUNTY FULL NAME OF JUNE INSULATION OF PRINTING A COUNTY FULL NAME OF JUNE INSULATION OF PRINTING A COUNTY FULL NAME OF JUNE INSULATION OF PRINTING A COUNTY FULL NAME OF JUNE INSULATION OF PRINTING A COUNTY FULL NAME OF JUNE INSULATION OF PRINTING OF PRINTING OF PRINTING THE PRINTING A COUNTY FULL NAME OF JUNE IN U.S. AND JUNE INSULATION OF PRINTING OF PRINTING OF PRINTING THE PRINTING OF PRINTING THE PRINTING OF PRINTING THE PRINTING THE PRINTING OF PRINTING THE PRINTING OF PRINTING THE PRINTING T				

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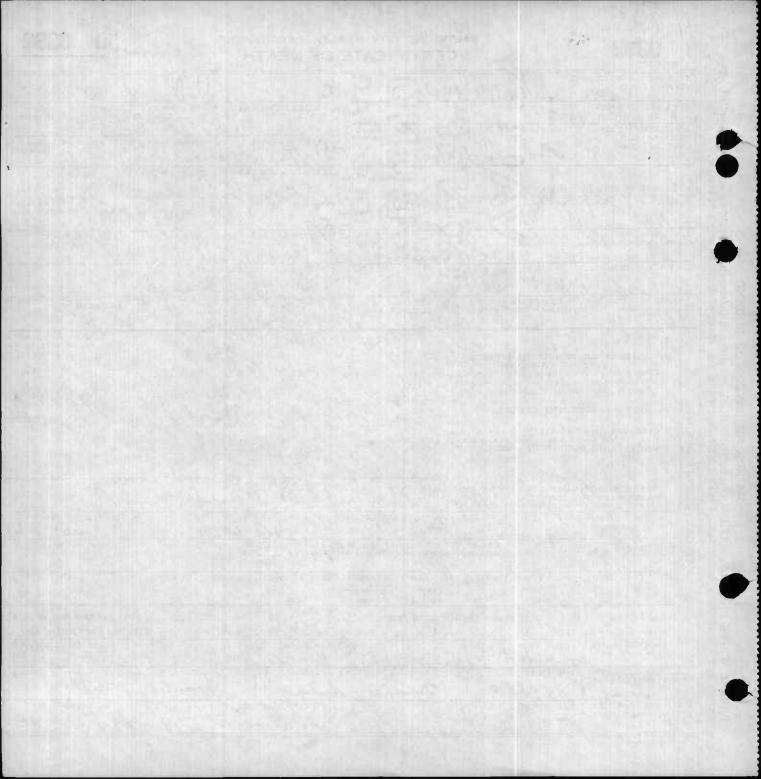
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	ASE WRITE PLA	especially
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BALTIMORE	CITY	HEA	LTH	DEPARTMENT
CERTI	FICA	TE	OF	DEATH

	50	9392
Registered	No.	0000

B	RTH NO.	
	TYPE OF PRINT! JOHN W. POWELL	2. DATE OF NOV. 2 1950
3. A.	PLACE OF DEATH: Baltimore City, Maryland	A. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE before admission)
В.	FULL NAME OF (If not in hospital or institution, give street address or location)	Moryland Baltunove Cety
	ISTITUTION Wever Hospital	C. CITY OF TOWN (If outside-corporate linits, write RUKAL and give ownship)
	The Yrs. Mos.	D. STREET ADDRESS (M rural, give location)
	Length of stay in Baltimore Days SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (ln years) If Under 1 H Under 24 Hours
	WHOOWED, DIVORCED (Specify)	Cere 3 18 8 6 last birthday Months Days Hours Min.
1 C	A. USUAL OCCUPATION (Givekind of today during most of working life, even if retired)	11. BUTTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George W. Powell	Cegnos) Hodges
15 (Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? s. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
1	Mkaysin	Halntal Record
		OF DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., (A)	y five Heart failure 2'2 Days
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	lend & Valuteline cuteria approved
_	ANTECEDENT CAUSES	the Carden War auchon Durania Dennit
ION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	To Tolling Volume Caste of the
CAT	UNDERLYING CONDITION LAST.	
TIF	11	
CER	OTHER SIGNIFICANT CONDITIONS CON-	s + Clife lethiasis
AL	19a. DATE OF OPERATION 19B MAJOR FINDINGS OF OPER	ATION Choleculoses 20. AUTOPSY?
EDIC	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bidg., e	
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	ED 21F, HOW DID INJURY OCCUR?
	OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	
	22. I hereby certify that I attended the deceased from Sel	28 , 1950, to Nov 2 , 1950, that I last saw the
		red at Sook m., from the causes and on the date stated above.
	23A. SIGNATURE DOWN DEVENTO. 2	Merces Hos Autol 23c. DATE SIGNED
24	AA. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D COCATION (City, town, or county) / (State)
	bureal 11/4/3 Meadow	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS No. Cook, Inc. 1217 fb. Paul &
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MARGIN RESERVED FOR BINDING	PLEASE WRITE PLA LY, WITH UNFADING INK. Every item of informatic hould be	correct age is especially important. Physicians: please write the causes of death clearly and
	WITH	ortant.
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	PLA	ecially
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	PLEASE	correct a

2	50 9393 BALTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT SO Registered No.	9393
	NAME OF DECEASED MARGARET CORNELIUS FAS	SINGER 2. DATE OF DEATH NOV.	2 1950
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If inst	titution: residence before admission)
H	OSPITAL OR location) Church Home of Hospital	c. CIT, JR TOWN (If outside corporate limits, w	rite RURAL and give township)
c.	Length of stay in Baltimore 3 1/2 Years Mos. Days	d. STREET ADDRESS (If rural, give location) Linwood Park	
	Female White Married (Specify)	Tec 2, 1874 last birthday) Month	er l Year H Under 24 Hours S Days Hours Min.
wor	A. USUAL OCCUPATION (Givekindof k doue during moet of working life, even if retired) House wife at home	Ohio	CITIZEN OF WHAT COUNTRY?
	John Horn	14. MOTHER'S MAIDEN NAME Elizabeth Braun	
(Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? s, no or unknown) (If yes, give war or dates of service) SECURITY NO.		Sods Park
	DISEASE OR CONDITION DIRECTLY	OF DEATH Myocardial Infaretion	INTERVAL BETWEEN ONSET AND DEATH
RTIFICATION	ANTECEDENT CAUSES (B)		
CERTIFI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
7	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
IEDICA	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21C. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK		
	22. I hereby certify that I attended the deceased from 10	1/28 1950 to 11/2 1950;	hat I last sam the

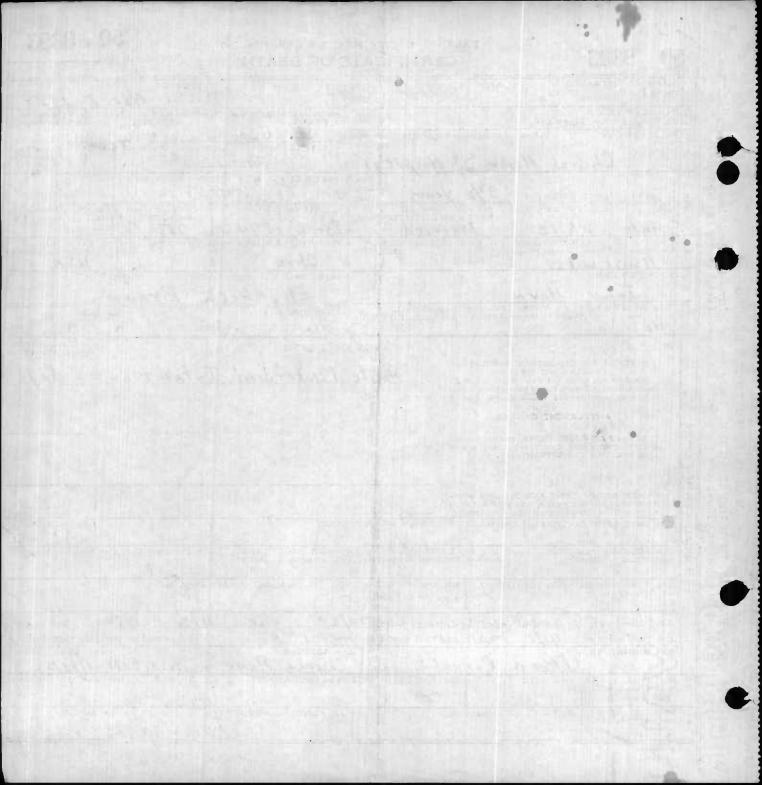
deceased alive on.

, 19 50, and that death occurred at 12 Am., from the causes and on the date stated above. 23A. SIGNATURE

Kee a 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Removal
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS VS 150



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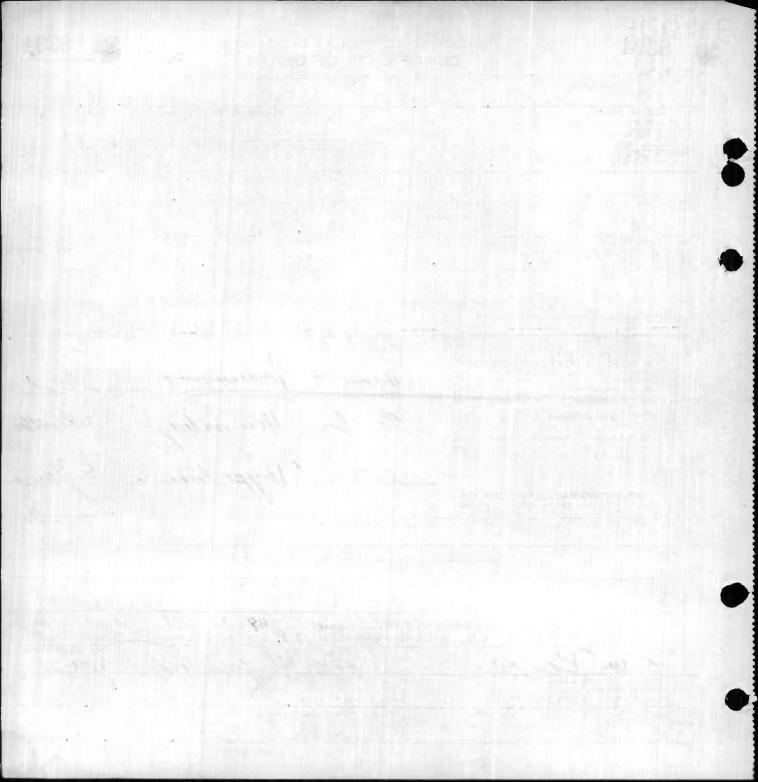
BALTIMORE CITY HEALTH DEPARTMENT

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BI	RTH NO. CERTIFICAT	E OF DEATH	Registered No.	000
1.	NAME OF DECEASED		2. DATE	
(T	ype or Print) Michael J. McGrath		DEATH Oct. 30	.1950
	PLACE OF DEATH:	4. USUAL RESIDENCE (Wh	ere deceased lived. If institut	lion : residen
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address of		B. COUNTY	before admi:
He	DEPITAL OP		atside corporate limits, write	RURAL an
IN	STITUTION 4415 Harcourt Rd.		for 1	f town
-	Yrs.	Doltimore D. STREET ADDRESS (If ru	ral, give location)	
-	T. Mos.	1135 11	-	
	Length of stay in Baltimore Days SEX 6.COLOR OR RACE 7. SINGLE, MARRIED.		AGE Un years Hillader 1 Y	ear If Under 2
	Male White Widowed (Specify	y)	last birthday) Months D	ays Hours
10	A. USUAL OCCUPATION (Givekindof) 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fore	ion country.	ITIZEN OF
work	done during most of working life, even if retired)	Y	W	HAT COUN
		Baltimore Md		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAM	//E	-
	William McGrath	Hlizabeth	McGuran	V
(Yes	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 8. no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRES	SS
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		Marie McGrat	n==aalb Pana	TERVAL BE
	that are I I	OF DEATH	10	NSET AND
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	e IV		5 .
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ecto Juliu	un a	day
	injury or complication which caused death.) DUE TO			
	ANTECEDENT CAUSES	1 111.	/	11/10 -
Z		ebreaf Heur	ruage :	TIMA
2	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
A	UNDERLYING CONDITION LAST.			- 71
F	(c) ly	trial preser	mes in	Med
ZT!	OTHER SIGNIFICANT CONDITIONS CON-			1
E	TRIBUTING TO THE DEATH, BUT NOT RELATED			
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	1 2	O. AUTOP
A				ES N
Ō	21A. ACCIDENT. SUICIDE, 21B. PLACE OF INJURY (e. g.		in Baltimore City, give ex	act location
EDI	HOMICIDE (Specify) about home, farm, factory, street, office hidge	(,etc.) INJURY OCCUR?		
Σ	21p. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCUR	RED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHIL			
	m. work at work		<u> </u>	
31	22. I hereby certify that I attended the deceased from	lue, 1949 to 10	30 , 1950, that	t I last sa
	deceased alive on 10. 30 - , 19 50, and that death see	urred at 10 P.m., from the	e causes and on the dat	te stated o
	23A. SIGNATURE	23B. ADDRESS		. DATE SIG
	T. W. Telepel M.D.	4508 Herefore	14d 111	1-56
24	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	ERY OR CREMATORY 24D. LO	CATION (City, town, or cou	nty) (S
	Burial 11/3/50 New Cathed	ral Cem. B	Baltimore Md	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDI	RESS
		25. FUNERAL DIRECTOR	ADDI	RESS

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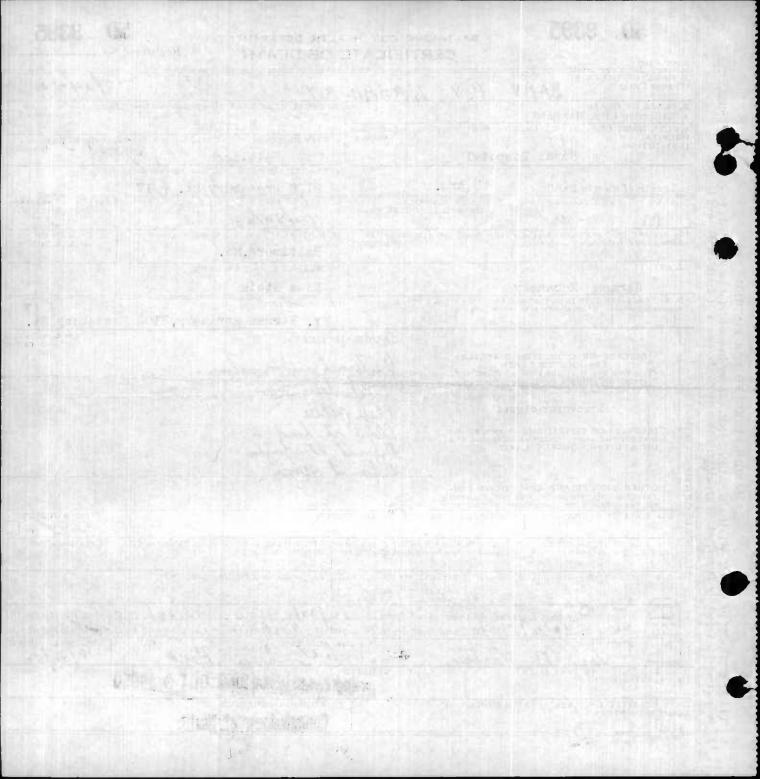


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BALTIMORE CITY HEALTH DEPARTMENT

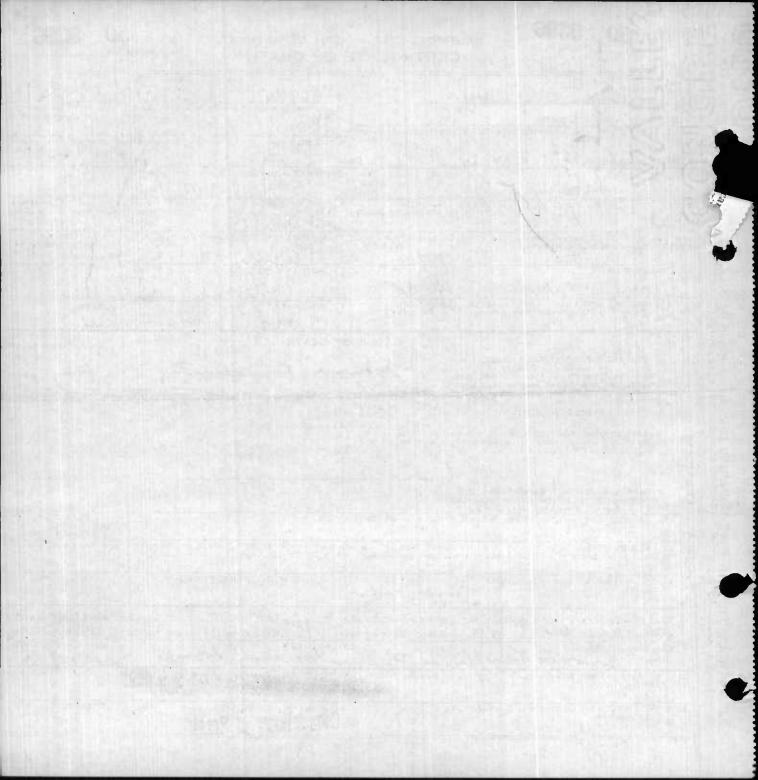
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В	RTH NO.	0-23/32		CERTIFICAT	E OF DEATH	Registered	No.
(7	NAME OF D	BABY	Box	HARAM	SKY	2. DATE OF DEATH	10/30/50
	Baltimore (City, Maryland			4. USUAL RESIDENCE (B. COUNTY	If institution: residence before admission
H	FULL NAME	OF (If not in hospit.	al or instituti	ion, give street address or location)			hits, whe RORAL and give
IN	STITUTION	Sinai Ho	spital		Baltimor	1/-	township
c. Length of stay in Baltimore 2 hrs. Mos. Days					D. STREET ADDRESS (If rural, give Ideation) 2100 Prestbury St. # 17		
5.	SEX	6. COLOR OR RACE		. MARRIED. 'ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years)	Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (State or Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY
13	. FATHER'S	NAME			14. MOTHER'S MAIDEN NAME		
Herman Haransky					Rose Stein		
15 (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.				17. INFORMANT		ADDRESS # 17
					Mr. Herman Har	ansky, 2100 P	ressbury St.
ERTIFICATION	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED				palate A. hand It. Jonjen ad Benia		
U	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER.				ATION	***************************************	20. AUTOPSY?
MEDICAL	7						YES NO
						(If in Baltimore City	, give exact location)
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK					RY OCCUR?	
	22. I hereby certify that I attended the deceased from 10/36/, 1950, to 10/30/, 1950 that I la deceased alive on 1930/, 1950, and that death occurred at 4:00 Affifrom the causes and on the date sto 23A. SIGNATURE						
		Lee n	Kastne	м. р.	4. Since	Hosp.	10/30/50
Z. TI	AA. BURIAL. ON, REMOVAL (S	CREMA- 24B. DATE Specify)	2	24C. NAME OF CEMETE	OHIT HUNKINS MEDICAL STAND	oct 8 1195	or county) / (State)
	ATE RECEIVE DCAL REGIST		S SIGNATU	RE	25. FUNERAL DIRECTOR	Health	ADDRESS



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30		93	397
		09612)	
IRTH NO.	50	7-2	0/2
NAME OF	DECEA		
Type or Frint)			Baby
. PLACE OF Baltimore	City,	Marylan	
FULL NAME	OF	(If not in	hospita
STITUTION 2 3	The	Johns	Hopl

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

9397 Registered No.

BIRTH NO. 30 - 20/2	4				
1. NAME OF DECEASED		2. DATE	3 30 304		
Вару	Boy Fleet	DEATH Sept	ember 19.1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)		
B. FULL NAME OF (If not in hospit	al or institution, give street address or				
HOSPITAL OR NSTITUTION	location)	C. CITY OR TOWN (If outside corporate limit	s, in te HARAL and give township)		
33 The Johns Hop	okins Hospital	Baltimore	township)		
	Yrs.	D. STREET ADDRESS (If rural, give location)			
c. Length of stay in Baltimore	Mos. Days	1508 Orleans Stree			
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify)		n Under 1 Year H Under 24 Hours		
Male Negro	widowed, Divorced (Specify)	September 19,1950	15		
OA. USUAL OCCUPATION (Givekind of	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF		
rk dooe during most of working life, eveo if retired). Infant	INDUSTRY	Baltimore, Maryland	WHAT COUNTRY?		
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Nathaniel Du	ınlop	Evelyn Harris			
5. WAS DECEASED EVER IN U. S. ARMET	D FORCES? 16. SOCIAL		DDRESS		
(es, no or ookoown) (If yes, give war or date	se of service) SECURITY NO.	Hospital Records			
18.7764		OF DEATH	INTERVAL BETWEEN		
heart failure, asthenia, etc. It mes injury or complication which antecedent CAUSE ANTECEDENT CAUSE (A) DISEASES OR CONDITIONS, I RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION LA CONDITION TRIBUTING TO THE DEATH, BUT	CRUSED DUE TO SES (B)				
TO THE DISEASE OR CONDITION	198, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?		
0			YES NO		
YES NO 21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or labout bome, farm, factory, street, office bldg., etc.) About bome, farm, factory, street, office bldg., etc.) NO (If in Baltimore City, give exact location) INJURY OCCUR?					
21D. TIME (Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?			
OF INJURY	m. WHILE AT NOT WHILE				
22 11		19, , 19 50 to Sep. 19, , 195	O that I last one it		
described aline Son 10	tended the deceased from	rred at 5:57P m., from the causes and on t	he date of the		
deceased alive on Depa 19		rred at	ne date stated above.		
Bossoul Alder	11.	601 N. Broadway	9-24-50		
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMETE	RY OF SREMATORY 24D. LOCATION (City, town			
DATE RECEIVED BY REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS		

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FOR

RESERVED

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

AME OF DECEASED pe or Print)

2. DATE OF

10/31/50

township)

Emma Ullrich DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. Baltimore City, Maryland A. STATE B. COUNTY Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside comporate limits, write RURAL and give INSTITUTION 539 Pontiac Ave. Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. 539 Pontiac Ave. c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF BIRTH 9. AGE (In years | If Under | Year last birthday) Months: Days Hours: Min. Widowed Nov. 6, 1871 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Housewife Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Grosse 15, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Hildegard Rossman 539 Pontjac CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arterio sclerotic (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. 10 mos. heart disease injury or complication which caused death.) DUE TO ANTECEDENT CAUSES General arterio sclerosis RTIFICATION DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. Π OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED H U

TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSYT

year

21A. ACCIDENT WAS UNDER-LYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

(If in Baltimore City, give exact location) 21c. WHERE DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from____

WORK

12/24/4,89 to 10/31/50, 19 , that I last saw the deceased alive on 10/31/1950, and that death occurred at ______m., from the causes and on the date stated above.

23A. SIGNATURE Tan 24A. BURIAL, CREMA-TION, REMOVAL (Specify)

1226 Hanover St.

24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county)

23c. DATE SIGNED

Burial DATE RECEIVED BY

Nov. 3. 50 REGISTRAR'S SIGNATURE

Cedar Hill

23B. ADDRESS

Ritchie Highway 25. FUNERAL DIRECTOR ADDRESS

LOCAL REGISTRAR

bushington / Meaule, 112

JOHN F. DENNY, INC. 715 Light St.

VS 150

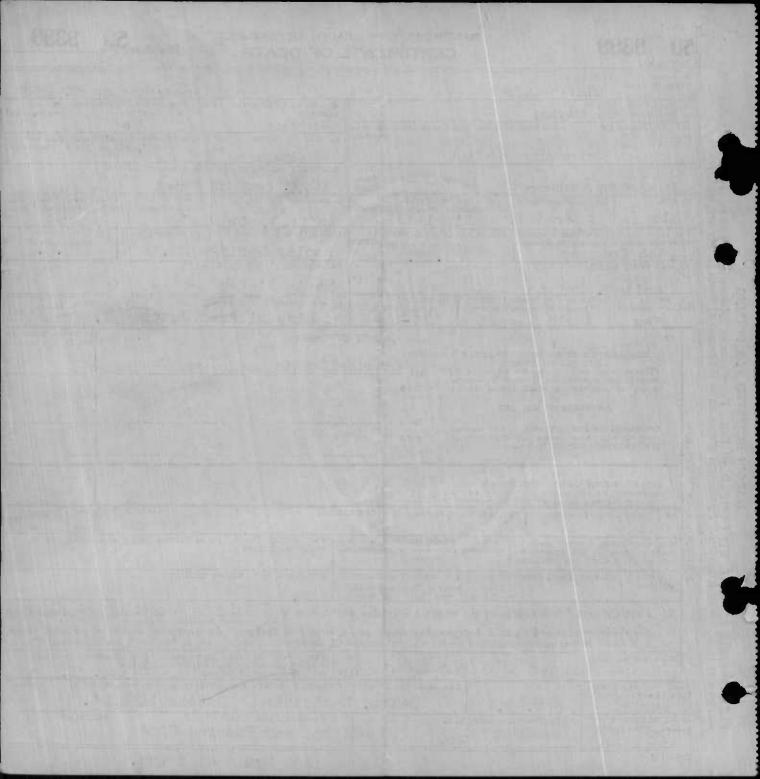
THE REAL PROPERTY OF PERSONS County on the live. disputation of annual through

MARGIN RESERVED FOR BINDING

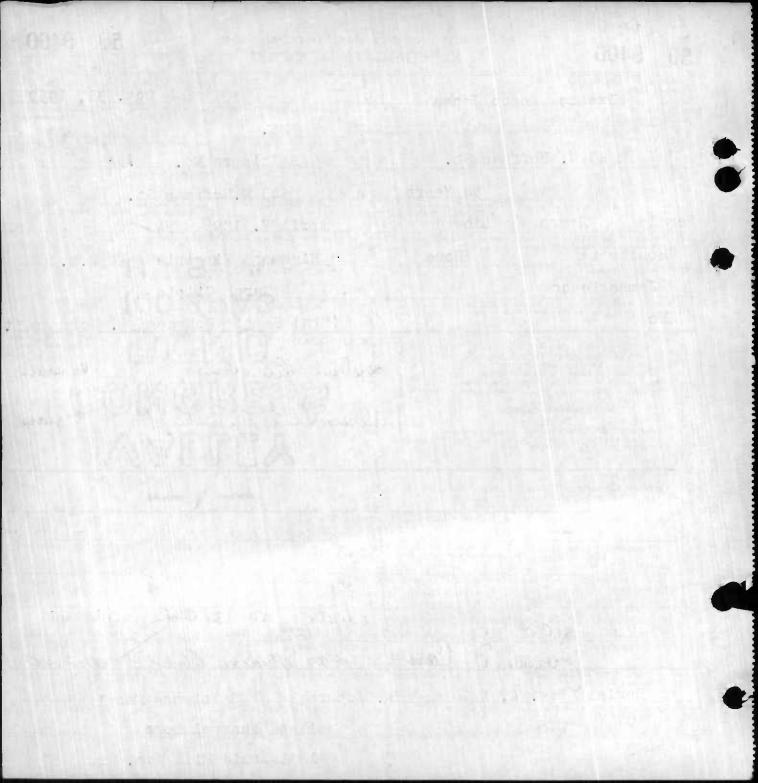
1	511 0700	EALTH DEPARTMENT 50	9399
- 1	CERTIFICATI	E OF DEATH Registered No.—	
п	BIRTH NO.		
-	1. NAME OF DECEASED (Type or Print) NOAH DUTTON	2. DATE OF OF DEATH October 3	30, 1950
1	3. PLACE OF DEATH: A Baltimore City, Maryland	3.2	tion : residence before admission)
1	B. FULL NAME OF ("f not in hospital or institution, give street address or HOSPITAL OR location) INSTITUTION	C. CITY OR TOWN (If outside experies limite) write	RURAL and give
	University Hospital Yrs.	Baltimore D. STREET ADDRESS (If rural, give location)	township)
	c. Length of stay in Baltimore 32 Years Mos. Days	414 W. Franklin Street	
81	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years M Under 1 Y	oor Il Under 24 Hours
п	male colored Single (Specify)	April 3.1896 53	ays Hours Min.
	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CI	TIZEN OF
- 1	work dooed uring most of working life, even if retired) Ash Hoister B&O R. R	Poplar Springs Md.	HAT COUNTRY?
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.0.
1	Cecil C. Dutton	Mamie Fishet	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRES	s /17/
	Yes World War #1 217-01-00	20 Miss Mildred Dutton W.	Franklin
	DISEASE OR CONDITION DIRECTLY		TERVAL BETWEEN
ı	ANTECEDENT CAUSES		
1	(B)		***************************************
H	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
н			***************************************
1	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) (C) (T) (T) (T) (T) (T) (T)		
	U 194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	ATION 2	O. AUTOPSY?
н		Y	ES NO X
ı	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. about home, farm, factory, etreet, office bidg., et uting Cause of Death.		ct location)
	2 1D. TIME (Month) (Day) (Year) (Hour) 2 1E. INJURY OCCURRE OF INJURY MHILE AT NOT WHILE AT NOT WHILE AT NOT WHILE AT NOT WORK	21F. HOW DID INJURY OCCUR?	
н	22. I certify that I took charge of the remains described a	bove, held an Inquiry & Inspection ther	reon and from
1	the evidence obtained by said Autopsy, Inspection or I and death in my opinion resulted from: natural causes	Autopsy, Inspection or Inquiry nquiry, find that said deceased died on the day	stated above.
	Lauley & Duracher	236. CHIEF MEDICAL EXAMINER	31, 1950
1	24A. BURIAL. CREMA-/ 24B. DATE 24C. NAME OF CEMETER		
1	Burial Nov. 3,1950 Balto. I	National Catonsville Md.	
	DATE RECEIVED BY REGISTRAR'S SIGNATURE NOV3 - 1950	25. FUNERAL DIRECTOR ADDR Holland Funeral Home	ESS

VS 151

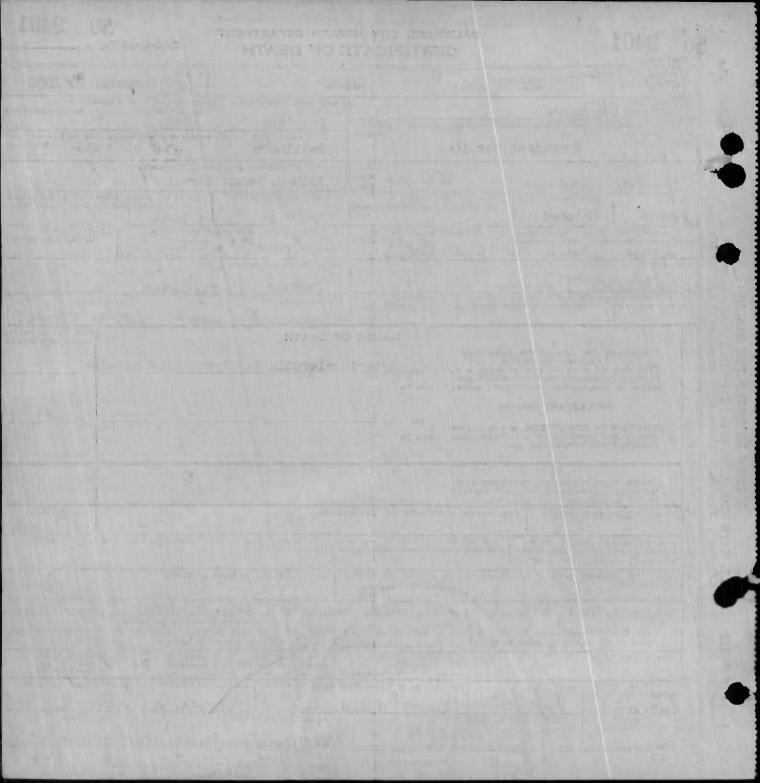
1631 Druid Hill Ave. 50



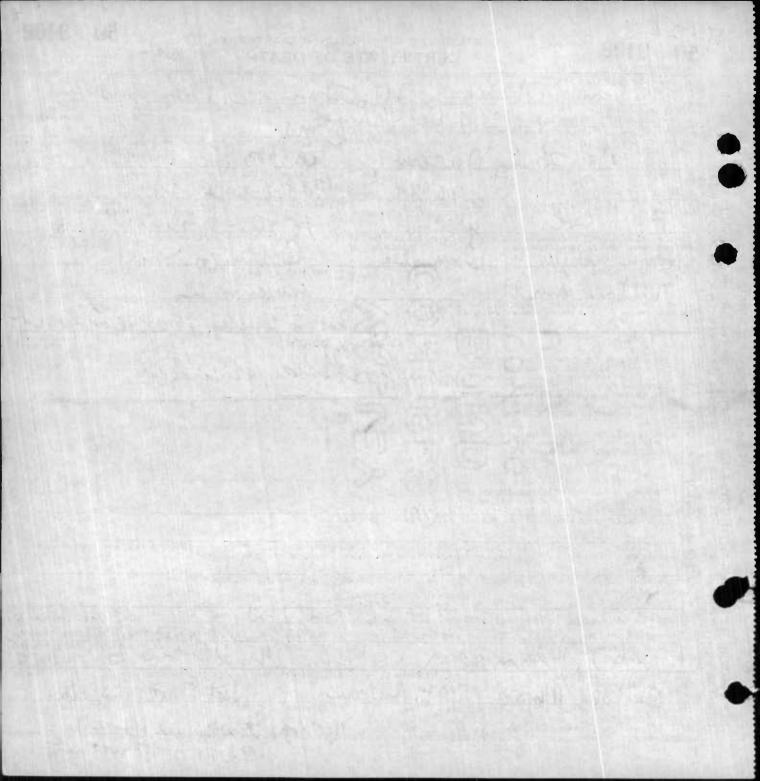
-		10		EALTH DEPARTMENT	5	0 9400
SI	TH NO.	JU	CERTIFICAT	E OF DEATH	Registered I	Vo
	NAME OF D	ECEASED			2. DATE	
9 1	PLACE OF D	Izette Pea	co Jones	4. USUAL RESIDENCE (W	DEATH UCT.	
		City, Maryland		A. STATE	B. COUNTY	before admission)
	SPITAL OR	OF (If not in hospit	al or institution, give street address or location)		outside corporate li li	and a story
INS	STITUTION	543 W. Hoff	man St.			township
2 16		747 11022	Yrs.	Baltimore D. STREET ADDRESS (If I		*
c.]	Length of s	tay in Baltimore	54 Years Mos.	51.3 W Um	ffman St.	
	SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH	9. AGE (in years	Under 1 Year If Under 24 Hours
Fe	male	Negro	Widowed (Specify)	April 7, 189		nths Days Hours Min.
IOA	. USUAL OC	CUPATION (Give kind of working life, even if retired)	108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fo		12. CITIZEN OF
	House	wife	Home	Richmond Vi	rginia	WHAT COUNTRY
13.	FATHER'S			14. MOTHER'S MAIDEN NA		
	Jame	s Peaco		Sarah	Gilpin	
15. (Yes,	mas DECEAS	D EVER IN U.S. ARMEI (If yes, give war or date	of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	5	DERESS
	1/10			(Mrs) Hattie	Johnson W	Huffman S
	(This does	SE OR CONDITION LEADING TO DEA' not mean the mode of re, asthenia, etc. It mea complication which of	of dying, e.g., (A) COLO. Ins the disease, (aused death.) DUE TO	bul thromber		48 Cours
FICATION	RISE TO T	S OR CONDITIONS, I HE ABOVE CAUSE (A) I'ING CONDITION LA	F ANY, GIVING STATING THE DUE TO	son brosis, Zene	idist	3+glass
CERTIF	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELATED		Variation .	
	19A. DATE C	F OPERATION 0 1	98. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
<u>ح</u> ا				1.01.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	t D M	YES NO L
MEDI		ENT WAS UNDER. R CONTRIBUTING DEATH	218. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		in Baltimore City, 1	give exact location)
	21b. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
			m. WHILE AT NOT WHILE AT WORK			
	22. I hereb	y certify that I att	conded the deceased from	lept, 1950, to 3	1 Oct. , 1950	that I last saw th
	deceased a	live on 510 et.	, 1950. and that death occur	red at 1238, m., from th	ne causes and on the	he date stated above
	23A. SIGNA	TURE	2 (021/ 2	3B. ADDRESS	0.	23c. DATE SIGNED
24/	A. BURIAL,	CREMA-/248. DATE	24C. NAME OF CEMETE	RY OR CREMATORY 240, LC	CATION (City, town,	or county) (State)
TIOIT	N. REMOVAL (S Bur		200			
	TE RECEIVE	D BY REGISTRAR	s SIGNATURE AT	1burn Bal 25. FUNERAL DIRECTOR	timore Mar	YADBRESS .
DA.	CAL DECICE	RAR	1 115 1 1			
LO	CAL REGIST	950 /	The North Control of the Control of	Holland Runer	al Home	
LO	UV 3 - 1	350 Hunter	for Milianis,	Holland Funer	al Home	
LO	VS 150	950 Hustin	For Williams, 1	Holland Funer 1631 Druid		83B



Registered No. CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE OF November 2, 1950 (Type or Print) JOANNE JANE GROSS 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF Maryland HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RULAL and give INSTITUTION Provident Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1019 N. Mount Street c. Length of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED AGE (In years last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) Female Colored 10A. USUAL OCCUPATION (Givekindof) 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF INDUSTRY work done during most of working life, even if retired) WHAT COUNTRY? Would 13. FATHER'S NAME informatios of death c NAME uses 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL MFORMANT ADDRESS (Yes, no or unknown) SECURITY NO causes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Arteriosclerotic cardiovascular disease (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease. RESERVED injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: (C) MARGIN RTIFI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 19A. DATE OF OPERATION 198 MAJOR FINDINGS OF OPERATION 20. AUTOPSY NO X Y, WITH important. (If in Baltimore City, give exact location) 21c. WHERE DID 218. PLACE OF INJURY (a. g., in nr 21A. EXTERNAL CAUSE WAS about home, farm, factory, atreet, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT WORK TE Pr especia Insp. & Inquiry 22. I certify that I took charge of the remains described above, held an .. thereon and from Autopsy, Inspection or Inquiry WRITE e is esp the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident \(\subseteq \), suicide \(\subseteq \), homicide \(\subseteq \), undetermined \(\subseteq \). 23c. DATE SIGNED 23A. SIGNATURE 23B, CHIEF MEDICAL EXAMINER..... E W ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 24A. BURIAL. CREMA-TION REMOVAL (Specify) 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) (State) 24B. DATE DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 17/ Louise 1/16 VS 151



M.	5	324 0 9402 RTH NO:	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	50 9402 Registered No.
upplied. The	1. (T	NAME OF DECEASED TOPE OF PLACE OF DECTA: Baltimore City, Maryland 2/0	IN all Mung. STATE	2. DATE OF DEATH 12. 2-30 Where deceased lived. If institution; residence B. COUNTY before admission)
Alder Strong	H	OSPITAL OR WELDERING	nusery. Balto,	outside cor lorgic limits, Arite HARAL and give township) paral, give logation)
nould be carly and leg	5.	F Col,	Days Days Single, Married, Specify St. Date of Birth	9. AGE (in years Munths Days Hours Min. Preign country) 12. CITIZEN OF WHAT COUNTRY
NDING informations of death contracts	13	FATHER S NAME ATTOM WAS DECEASED EVER IN U, S. ARMED FOR	14. MOTHER'S MAIDEN N	ADDRESS _
OR BIN item of ne causes	(Ye	18. 3 3 4 X DISEASE OR CONDITION DIRI LEADING TO DEATH	CAUSE OF DEATH	1908-Eogle Stand BETWEEN ONSET AND DEATH
RESERVED I INK. Every please write th	z	(This does not mean the mode of dy heart failure, asthonia, etc. It means th injury or complication which cause ANTECEDENT CAUSES	e disease,	ialzia
RGIN ADING cians:	RTIFICATION	DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) STA' UNDERLYING CONDITION LAST.		
MA H UNF Phys	CAL CER	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE OEATH, BUT NOT TO THE DISEASE OR CONDITION CAL 19A. DATE OF OPERATION 19B. M	RELATEO USING IT. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Y, WIT	MEDIC		ut home, farm, factory, street, office bldg., etc.) INJURY OCCUR?	Y OCCUR?
VRITE PI		22. I hereby certify that I attended deceased alive on 19	ed the deceased from OCF 2/ 1980 to	orle Dihat I last saw the last saw the last stated above 23c. DATE SIGNED
PLE SE WRITE P	D	4A. BURIAL, CREMA- 24B. DATE ON, REMOVAL (Specify) ATE RECEIVED BY OCAL REGISTRAR	24c. NAME OF CEMETERY OF CREMATORY 24b. L M 1 GNATURE 25. FUNERAL DIRECTOR	Port Buts
		VS 150	7208A 92	1 nommunt sty 3)



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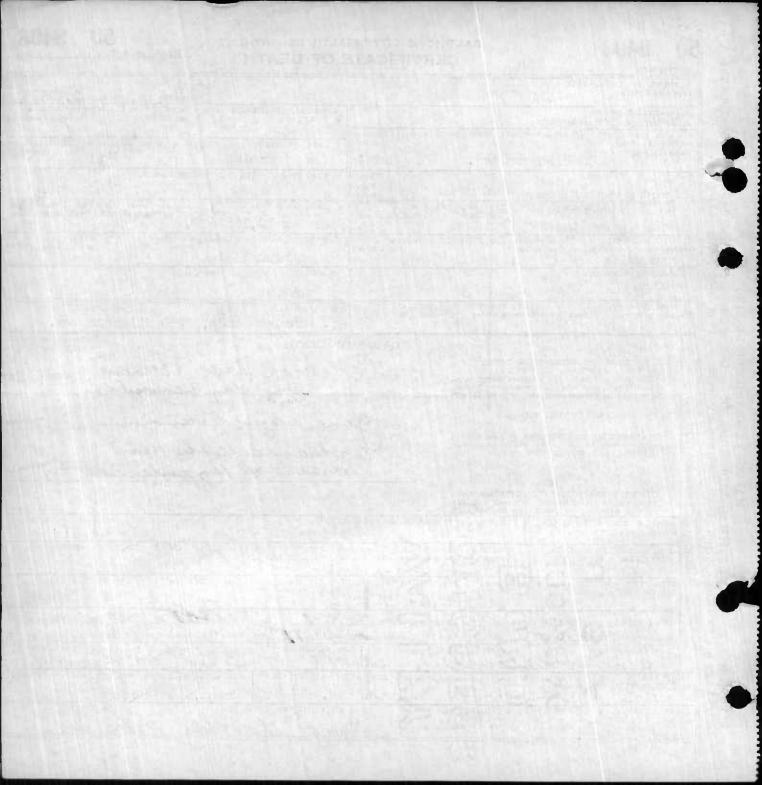
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#5	50
50	9403

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9403 Registered No.

BI	RTH NO.					M. Control of the con	
1. (T	NAME OF D		771.037			2. DATE	
		ALTA S	IMON			DEATH NOV	ember 2,1950
	PLACE OF D Baltimore (EATH: City, Maryland			4. USUAL RESIDENCE (W	B. COUNTY	. If institution: residence before admission
В.	FULL NAME	OF (If not in hospit	al or institut	ion, give street nddress or		1/ -	17
HO	STITUTION		. 1	location)		outside corporate li	mits, write RURAL and gi- township
1	5 8	6200 Biltmor	e Ave.		New Brunswick		
c.	Length of s	tay in Baltimore	6 we	eks Yrs. Mos. Days	D. STREET ADDRESS (lf:	cural, give location)	
5.	SEX	6. COLOR OR RACE	7. SINGLE	E, MARRIED. /ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years	Months: Days Hours: Mir
fe	male	white	widow		December 10,1859	90	Months Days Hours Min
10	A. USUAL OC	CUPATION (Givekind of	IOB. KINE	OF BUSINESS OR	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF
OFK	housewil	of working life, even if retired)		INDUSTRY	unknown		WHAT COUNTR'
13	FATHER'S		1		14. MOTHER'S MAIDEN NA	ME	
	Char	rles Wolf			unknown		
15		ED EVER IN U. S. ARMET	FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
Yes	, no or unknown)	(If yes, give war or date	s of service)	SECURITY NO.	Mr. Charles Simor	6200 B: 7	
-					W.L. OHALIAS STUOI	, OLOO DII	
	18. 42	0.0 .		CAUSE	OF DEATH		ONSET AND DEAT
	1	SE OR CONDITION	DIRECTLY	D	1 A 1/	a	
		LEADING TO DEA	TH	10	selesal las	el appeal	ent 12-60
		s not mean the mode oure, asthenia, etc. It mea			ara p	7	1
	injury or	complication which	caused death	n.) DUE TO	rebral Vas	Henon	haze
		ANTEGEDENT CALL					
,		ANTECEDENT CAUS	555	(B) 9	eneralised a	eleccons	leves 20 year
5		S OR CONDITIONS,		VG	0		
ERTIFICATION	RISE TO T	THE ABOVE CAUSE (A)	STATING TI	HE DUE TO	1 Teouseles	otu/fea	nt
3					01-0	7	5 year
F		11		_(C)	recase + 14	ypercen	un)
2		SIGNIFICANT COND					
		G TO THE DEATH, BUT				*******************************	
TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER							20. AUTOPSY?
							YES NO
2	21A. ACCIDE	ENT, SUICIDE,	21B. PL/	ACE OF INJURY (e.g., i	n or 21c. WHERE DID (I	f in Baltimore Cit	y, give exact location)
EDICA	HOMICIDE	(Specify)	about home,	farm, factory, street, office bldg.,	(tc.) INJURY OCCUR?		
Σ	21D TIME	(Month) (Day) (Year)	(Hour) I	21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY	(Maonen) (Day) (rear)		WHILE AT NOT WHILE			
			m.	WORK AT WORK		20	
	22. I hereb	y certify that I att	ended the	deceased from 191	1 1950to K	2 19	50, that I last saw t
		live on nov 2		and that death occur	A Report		n the date stated abov
	23 CSIGNA		11		3B. ADDRESS	7# al	23c. DATE SIGNE
	4	and Coal	les	Clen M.D.	848 W 3	6 of	nor3/57
22		CREMA- 24B. DATE Specify)		24C. NAME OF CEMETE	RY OR CREMATORY 240. LC	OCATION (City, to	wn, or county) /(State
TIC		Specify)	7.5		the state of the s	ns. New Jer	2037
_	burial	11		Washington (25. FUNERAL DIRECTOR	19 MAM 061	ADDRESS
	TE RECEIVE	RAR.	column 17/1	11 /2 /1	25. FUNERAL DIRECTOR	1 -	1
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	VS 150	Q.			7.0		0.\



11	11 /	CERTIFICATE CORRECTED_	1-9-51	
17.	50	BALTIMORE CITY HEAT CERTIFICATE	W	0 9404
The	1.	NAME OF DECEASED	2 DATE	> ~
pplied.		Type or Print) LENA HERR PLACE OF DEATH:	OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If in	
ddn	В.	FULL NAME OF (If not in hospital or institution, give street address or	A. STATE Md B. COUNTY	before admission)
ull Y.		NSTITUTION Sectors Societal	C. CIT OR TOWN (If outside corporate limits,	w ite RURAL and give township)
legibl	-	Yrs. No. No. Days	D. STREET ADDRESS (If rural, give) ocation)	to ave
og p	3		8. DATE OF BIRTH 9. AGE (In years) Mon	nder I Year H Under 24 Hours ths Days Hours Min.
hould arly an	IC	OA JSUAL OCCUPATION (Give kind of IOB. KIND OF BUSINESS OR INDUSTRY)	11. B) THPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
hió h cre	13	Touse wife	14. MOTHER'S MADEN NAME	WHAT COUNTRY
informati	1	Tershow	Sarah	
info	(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? ee, no or unknown) (If yes, give war or dates of service) SECURITY NO.	Way Nove o	Chess
Every item of irrite the causes		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease,	Cerebral Kemork	INTERVAL BETWEEN ONSET AND DEATH
15		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	06. to 45. 0	
INK.	ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE (B)	net account occurre	
ING ns: I	ICAT	UNDERLYING CONDITION LAST. (C)	ment/hypertentin	
UNFADING Physicians:	ERTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
hed	AL C	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	TION	20. AUTOPSY?
LY, WITH important.	EDICA	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc CAUSE OF DEATH		YES NO Ve exact location)
imp	M	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY NOT WHILE	21F. HOW DID INJURY OCCUR?	
TE PI especia		22. I hereby certify that Lattended the deceased from	24 -12418, to 4/2, 1959	that I last saw the
RITE is est		deceased alive on 11/25, 19.50 and that death occurre	ed atm., from the causes and on the	date stated above.
es WRITE PI	2		Y OR CREMATORY 24D, LOCATION (City, town, o	11/3/50
	TIC	Bureal 11/5/1950 Wash. B	luch Bala	mel
PLE correct		OCAL REGISTRAR	9. 100 100	ADDRESS P
	+	10V3,501950	fack Lewis me - 2100 64	do
	1			\$3a

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BIRTH NO

(Type or Print)

HOSPITAL OR

INSTITUTION

1. NAME OF DECEMBED

A. Baltimore City, Maryland

3. PLACE OF DEATH

13. FATHER'S NAME

(Yes, no or nnknown)

18.

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	PI	TE PI	WRITE PI

9405 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 2. DATE OF DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution; residence A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or location) (If outside corporate limits, write. C. CITY RURAL and give township) give location) Yrs. D. STREET Mos. c. Length of stay in Baltimore Days 9. AGE (In years | ff Under I Year | ff Under 24 Hours | Months Days | Hours | Min. 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF WIDOWED, DIVORCED (Specify) Sugle 10A. USUAL OCCUPATION (Givekind of 10B. KIND OF EUSINESS OR 12. CITIZEN OF work dope buring most of working life, even if retired) INDUSTRY WAIAT COUNTRY? 15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL 17. INFORMANT ADDRESS (If yes, give war or dates of service) SECURITY NO INTERVAL BETWEEN OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DUE TO OTHER SIGNIFICANT CONDITIONS CON-

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

11

TBRIDSCLEROSIS 20. AUTOPSY

TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION

(If in Baltimore City, give exact location)

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21E. INJURY OCCURRED

21B. FLACE OF INJURY (e.g., in or

about home, farm, factory, street, office bidg., etc.)

21F. HOW DID INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

WHILE AT

21c. WHERE DID

INJURY OCCUR?

22. I hereby certify that I attended the deceased from. deceased alive on 10131

15 that I last saw the 1950. and that death occurred at 4.50 1 m., from the causes and on the date stated above.

23A. SIGNATURE 24B. DATE 24A. BURIAL, CREMA-

& rugs 24C. NAME OF CEMETERY

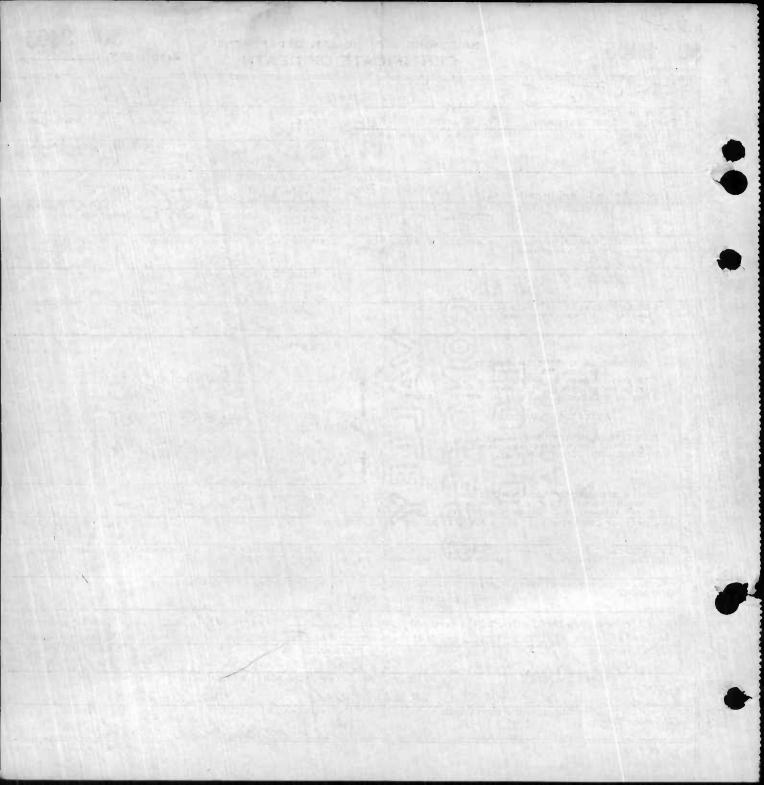
23c. DATE SIGNED

TION REMOVAL (Specify enrue DATE RECEIVED BY

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR ADDRESS

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he	BIRTH	NO.	

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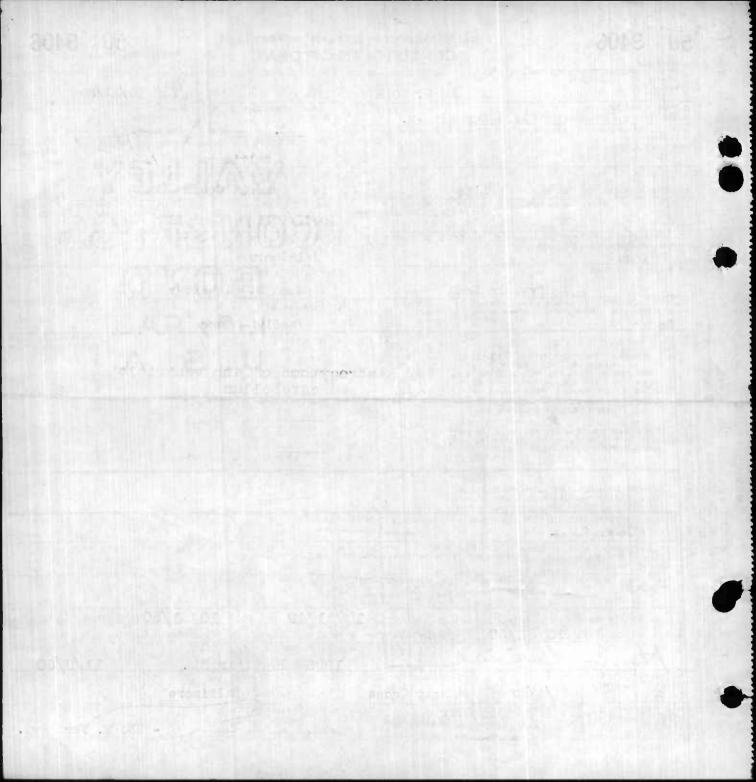
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9406

54a

BII	RTH NO.								
	NAME OF D	ECEASED	4 40 4 50	NE D. CON		2. DATE.	107 10		
	PLACE OF D	EATH:	ARLE	NE D. COOK	4. USUAL RESIDENCE (DEATH TU	/31/5		esidence
B. HO	Baltimore (FULL NAME OSPITAL OR STITUTION	City, Maryland 14 OF (If not in hospit.		alt Ct. on, give street address of location	A. STATE Nd.	B. COUNTY	,	before	AL and give
0	70				Baltimo	ore L7		6	township)
c.	Length of s	tay in Baltimore	Life	Yrs. Mos. Days	D. STREET ADDRESS (III				
5.	sex F	6. COLOR OR RACE	7. SINGLE	MARRIED. ED, DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under I Months		Under 24 Hours Lours: Min.
10/	A. USUAL OC done during most	CUPATION (Give kind of f working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Baltimore	foreign country)		NHAT O	N OF COUNTRY?
13.	FATHER'S	IAME			14. MOTHER'S MAIDEN N	NAME			
		Orvi	lle Coo	k	Naomi S. Fle	emister			
15. Yes	. WAS DECEASE	D EVER IN U.S. ARMED	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRE	SS	
	No	(300) 8110 Wall of Grand	or sorrice)	SECURITY NO.	Family - Sa	ume			
	18. 192	/		CAUSE	OF DEATH		117	NTERVA	L BETWEEN
	DISEAS	E OR CONDITION	DIRECTLY				0	NSEI A	AND DEATH
					cocytoma of 4th	n ventricl	Э		
					and cerebellum			?	1
,		ANTECEDENT CAUS	ES	(B)	-				
		OR CONDITIONS, II		G	***************************************	***************************************			,
4	UNDERLY	ING CONDITION LA	ST.	(C)			7		
립.				(0)					***************************************
CERTIFICA	TRIBUTING	II IGNIFICANT CONDI TO THE DEATH, BUT SEASE OR CONDITION	NOT RELATE	D				_	
,				FINDINGS OF OPE	RATION			20. AU	TOPSY?
3	n	ove						YES _	No 🔼
FUICA		ENT WAS UNDER- R CONTRIBUTING DEATH		CE OF INJURY (e. g., arm, factory, street, office bldg.		(If in Baltimore City	, give e	xaet loc	ation)
Σ .	210. TIME (Month) (Day) (Year)	(Hour)	21E. INJURY OCCURF	ED 21F. HOW DID INJUR	RY OCCUR?			
	OF INSURT			WORK NOT WHILE					
1	22 I boroh	u contifu that I att			2/31/49, 19 , to	10/31/5019	the	n+ 1 las	et easy th.
П		ive on 10/31		and that death occu		the causes and on			
1	234 SIGNA		• 0		23B. ADDRESS	one ounded and on			E SIGNED
	Von	my We	clel	V. O.	1226 Hanover	St.	11	1/2/	/50
24	A. BURIAL,	REMA- 24B. DATE	2	4c. NAME OF CEMETE		LOCATION (City, tow	n, or cor	unty)	(State)
110	N, REMOVAL (S	11/4/50		Holy Cross	Bal	ltimore			
DA	TE RECEIVE	BY REGISTRAR	SSIGNATU	RE 14 Pho	25 FUNERAL DIRECTOR	THE MARKET AND	ADD	DRESS	
-1	101.2 mg	multing 1000	you I'm	Marker Intra	Aures L'ale	- 130	DE.	Fort	Ave.
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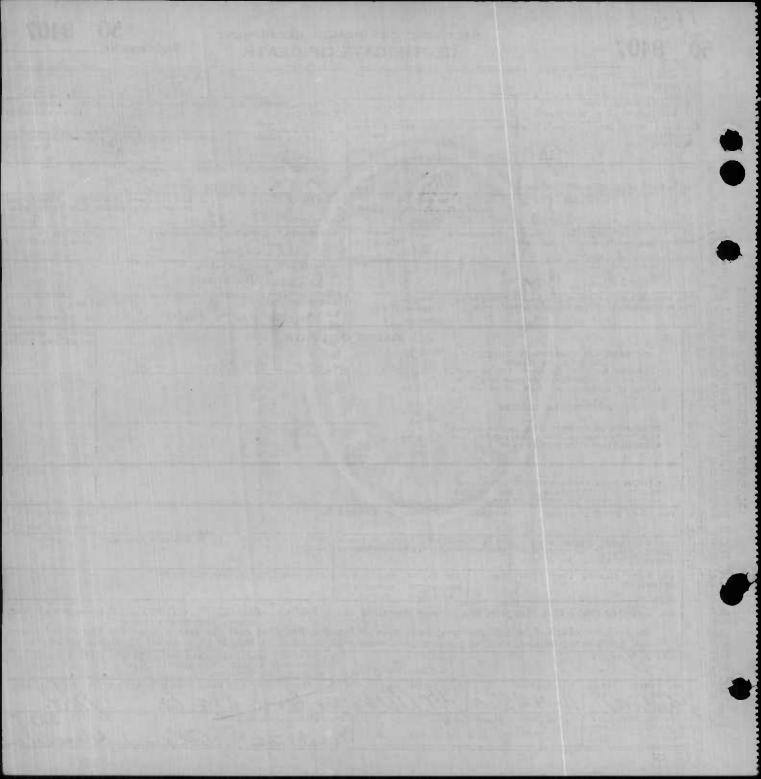


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The The	BIRTH NO.
upplied.	3. PLACE A. Baltim B. FULL M
duly.	INSTITUT
e cal	c. Lengtl
d band	femal

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. OF DECEASED 2. DATE rint) NAOMT COLLINS DEATH October 30. OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence B. COUNTY ore City, Maryland A. STATE before admission) NAME OF (1 f not in hospital or institution, give street address or Maryland . OR C. CITY OR TOWN (If outside corporate limits. RAL and give township) Franklin Square Hospital Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 1008 W. Fayette Street of stay in Baltimore Days 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) colored Vidou 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired INDUSTRY WHAT COUNTRY? ore, Ind. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO wow. 519 W. Jean 18. 422.1 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Arteriosclerotic cardiovascular disease heart failure, asthenia, etc. It means the disease. injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ... OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X VES 218. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. EXTERNAL CAUSE WAS UNDERLYING [] OR CONTRIBabout home, farm, factory, street, office hidg., etc.) INJURY OCCUR? UTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK 22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above. and death in my opinion resulted from: natural causes \boxtimes , accident \square , suicide \square , homicide \square , undetermined \square . 238. CHIEF MEDICAL EXAMINER.... 23A. SIGNATURE ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR 240. LOCATION Waty, town, or 248. DATE BURIAL CREMA-MON REMOVAL (Specify 25. FUNERAL DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR with for I Miana, Man

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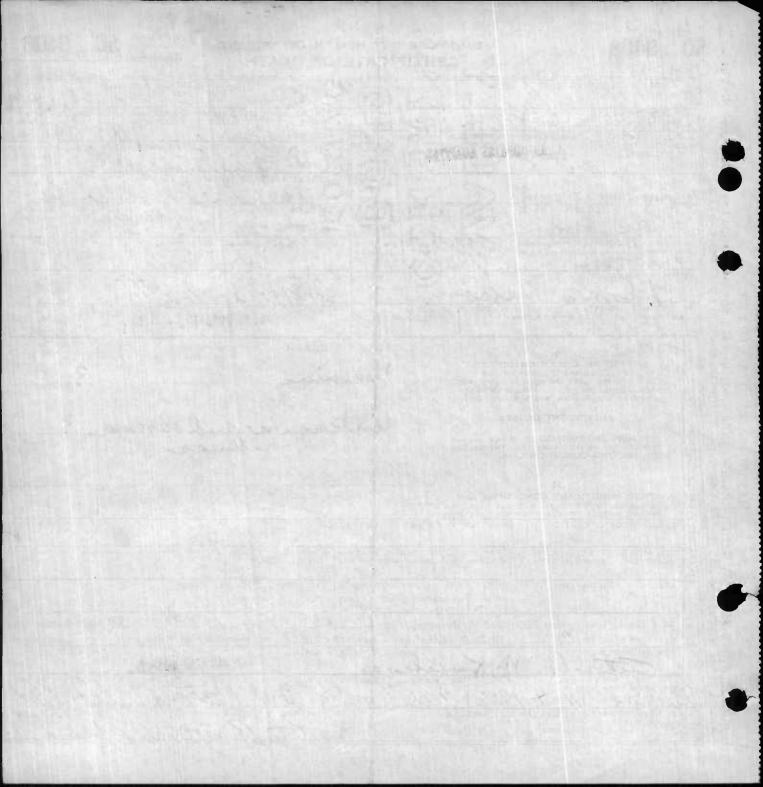


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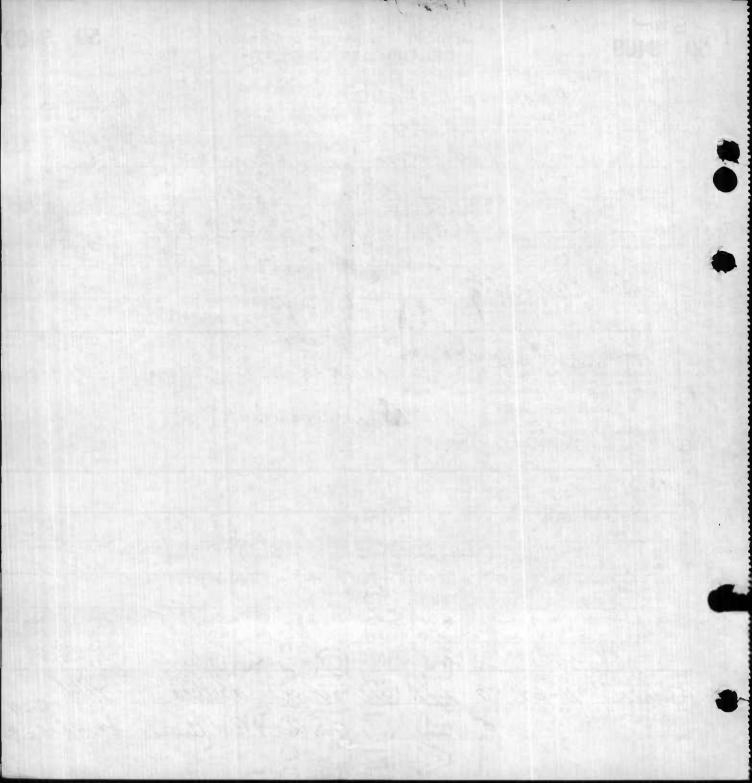
BALTIMORE CITY HEALTH DEPARTMENT

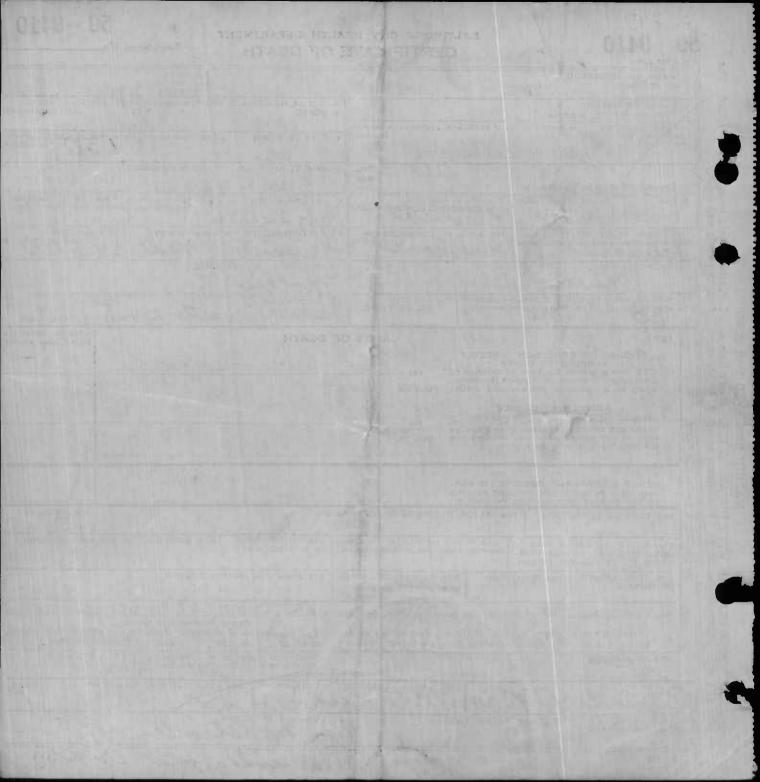
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ВІ	BIRTH NO. CERTIFICATE OF DEATH Registered No.							
	NAME OF DECEASED ype or Print)	m W	ilsou 2. DATE OF DEATH VE	£ 31,1900				
Α.	PLACE OF DEATH: Baltimore City, Maryland Med. FULL NAME OF (If not in hospital or institution, gi	2 2	4. USUAL RESIDENCE (Where deceased lived, I	f institution: residence before admission)				
H	FULL NAME OF (If not in hospital or institution, giospital or institut	location)	c. CITY OR TOWN (If outside corporate limit, write RURAL and give township)					
	4.3	Yrs.	D. STREET ADDRESS (M rural, give location)	0				
	Length of stay in Baltimore	Mos. Days	1611 barah a	un St.				
5.	vice colored mi	OIVORCED (Specify)	5.14-86 last birthday) M	If Under 1 Year If Under 24 Hours Onths Days Hours Min.				
	A. VSUAL OCCUPATION (Give kind of 10B. K. N.D. DF is dyna during prost of working life, even if retired)	INDUSTRY	11. BIRTHRLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
	Thomas Wilson		Emma Walls					
Ye (Ye		SOCIAL SECURITY NO.	17. INFORMANTANAS HOPKIES KUSPITAL ADDRESS					
	18. 795.5	CAUSE	OF DEATH	INTERVAL BETWEEN				
	DISÉASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g.,	. Ure	mia	5				
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO						
	ANTECEDENT CAUSES	- Um	Ruming and Alson	3				
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	Rnown and ohs cu					
LIFIC	п	(C)						
CERTIFICA'	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
. 4	19A. DATE OF OPERATION D 19B. MAJOR FINE	DINGS OF OPER	ATION	20. AUTOPSY?				
EDICA	21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21b. PLACE Cabout bome, ferm, fer	give exact location)						
ME	21D. TIME (Month) (Day) (Year) (Hour) 21E. I	NJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?					
	m. WHILE AT NOT WHILE AT WORK							
	22. I hereby certify that I attended the deceased from 10-26-, 1950 to 10-31-, 1950 that I last saw the deceased alive on 10-31-, 1950 and that death occurred at 3 2 m., from the causes and on the date stated above.							
	23A. SIGNATURE Lichar C. Mr. Kusi		3B. ADDRESS HOLLS HOSPITAL	23c. DATE SIGNED				
NEW DE	4A. BURIAL, CREMA- 24B. DATE 24C. PROPERTY PROPERTY 11-4-1953	NAME OF CEMETER	Las am Catonia	n, or compa) (Stage)				
DL	ATE RECEIVED BY REGISTRAR'S SIGNATURE	LIMB O	25. FUNERAL DIRECTOR	Address 322N				
	Vs 150		Marinary / Mulleyna	- mockey				
11		97099		132				



Elmer Burnette BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) EKANER BURNETTE DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution : residence A. Baltimore City, Maryland B. COUNTY 114 B. FULL NAME OF (If not in hospital or institution, give street address or C. CITY OR TOWN (If outside corporate limits With RURAL and give INSTITUTION township) UNIVERLITY HOSPITAL 15ALTIANORE D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 9. AGE (in years) last birthday) Months: Days Hours: Min. WIDOWED, DIVORCED (Specify) MAHRRIA 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR rork done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNT PAPER COFFEE 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or uokoown) SECURITY NO HOSPITAL BECORDS INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) NAENINGITIS PNEUNIDOCCIC (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) PORCUANDNIA DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. RTIFIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш Ū TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES C 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDER ebout bome, farm, factory, street, office bldg., etc.) LYING OR CONTRIBUTING INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE 22. I hereby certify that I attended the deceased from 5 C7 2/ , 19 5 Pto 300 1 , 19 5 That I last saw the TE deceased alive on NoV 1, 1950 and that death occurred at 623 Am., from the causes and on the date stated above. 23C. DATE SIGNED 23A. SIGNATURE 23B. ADDRESS REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR VS 150 29068





264 50.0.9416 BIRTH NO.
1. NAME OF DECE

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered 50 9411

_ B	RIH NO.								
	NAME OF DECEASED ype or Print) Leroy	Cockre	11		OF NOV	.1,1950			
A.	PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)					
	FULL NAME OF (If not in hospit	al or institut	ion, give street address or	Maryland					
	istitution 4940 East		ospitals location)	C. CITY OR TOWN (If outside corporate limits write URAL and give township) Baltimore					
-	1		Yrs.	D. STREET ADDRESS (If rural, give location)					
	Length of stay in Baltimore	22 Yea	rs Mos.	1818 Orleans St.					
	SEX 6. COLOR OR RACE		Days	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours					
	M	WIDOW	ED DIVORCED (Specify) parated	Feb. 16,1911 last hirthday) Months Days Hours Min.					
10	A. USUAL OCCUPATION (Givekinder	10B. KIND	OF BUSINESS OR	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN OF			
	dooe during most of working life, even if retired		INDUSTRY	South Carolina		WHAT COUNTRY?			
13	ar Tender FATHER'S NAME	layer	74	14. MOTHER'S MAIDEN N					
	Robert Cockrell								
				Alabama Parrott					
(Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknowo) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.			Records: 4940 Eastern Avenue					
-	110.4		213-07-4188		Dastelli 214 ellu	INTERVAL BETWEEN			
	18. 002X		CAUSE	OF DEATH		ONSET AND DEATH			
	DISEASE OR CONDITION LEADING TO DEA			m	W 43	11 Months			
	(This does not mean the mode	of dying, e. g	(A)	ary Tuberculosis	rar-Advanced	II Montans			
	heart failure, asthenia, etc. It me- injury or complication which								
			., 555 10						
_	ANTECEDENT CAUSES								
10	DISEASES OR CONDITIONS, IF ANY, GIVING								
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. II CO OTHER SIGNIFICANT CONDITIONS CON-									
E	OTHER SIGNIFICANT COND	ITIONS OF							
11	TRIBUTING TO THE DEATH, BUT	NOT RELATE	D						
U	19A. DATE OF OPERATION	20, AUTOPSY?							
1	19X. DATE OF OPERATION O	isb. MAJON	FINDINGS OF OPER	ATTON					
Ü	21A ACCIDENT SUICIDE	21B PLA	CE OF IN ILIRY (a a in	or 21C. WHERE DID (If in Baltimore City, give exact location					
21A. ACCIDENT, SUICIDE. 21B. PLACE OF INJURY (e.g., io or HOMICIDE (Specify) 21A. ACCIDENT, SUICIDE. about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give INJURY OCCUR?)									
2	21D. TIME (Month) (Day) (Year	(Hour)	21E. INJURY OCCURRE	ED 21F, HOW DID INJURY	Y OCCUR?	\(\)			
	OF INJURY	m.	WHILE AT NOT WHILE						
22. I hereby certify that I attended the deceased from 1-30 , 1950, to 11-1 , 1950									
deceased alive on 11-1, 19 50, and that death occurred at 11.40pm., from the causes and on the date stated 23A. SIGNATURE 23B. CORESROSPITALS (Baltimore) 23c. DATES									
2	4A. BURIAL, CREMA- 24B. DATE	1	M. D.						
24a. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town or county) (State)									
Durial 1/3/30 AMI. Scon Chullerghester, J. C.									
DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS									
NOV3 = 1950 Justing on Whispies M. Law 802 mad. and									
VS 150									
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9412

township)

1. NAME OF DECEASED KATHARINE A. BRADY (Type or Print) Mrs. Katherine Anna Brady 3. PLACE OF DEATH: A. Baltimore City, Maryland (If not in hospital or institution, give street address or B. FULL NAME OF Marvland HOSPITAL OR location) C. CITY OR TOWN INSTITUTION St. Joseph's Hospital Baltimore legibly. D. STREET ADDRESS (If rural, give location) Yrs. WFE Mos. c. Length of stay in Baltimore S. Dava 5. SEX 6. COLOR OR RACE 7. SINGLE MARRIED 8. DATE OF BIRTH WIDOWED, DIVORCED (Specify) Should learly an Whi te Widowed JULY 19 1895 10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR work done during most of working life, even if retired INDUSTRY Hwfe. Own Home Ü Baltimore. Maryland 13. FATHER'S NAME death 14. MOTHER'S MAIDEN NAME JOHN KOPP 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) | (If yes, give war or dates of service) of 16. SOCIAL 17. INFORMANT (Yes, no or unknown) SECURITY NO. causes NONE JOHN BRADY CAUSE OF DEATH 203X DISEASE OR CONDITION DIRECTLY e LEADING TO DEATH (This does not mean the mode of dying, e.g., CAD write heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST, UNFADING Physicians: (C) 11 RT OTHER SIGNIFICANT CONDITIONS CON-[ij] TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19B. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION AL important. (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? HOMICIDE (Specify) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE SE WRITE P 19.50 to 22. I hereby certify that I attended the deceased from. deceased alive on 11/2/ 150 23B. ADDRESS 23A, SIGNATURE 1400 N. Caroline Street 24A. BURIAL, CREMA-TION, REMOVAL (Specify) NOV 4 1938 BURIAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR DATE RECEIVED BY LOGAL REGISTRAR

Registered No-

2. DATE OF DEATH November 2, 1950

4. USUAL RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)

(If outside corporate limits, white RURAL and give

Linwood Avenue

9. AGE (In years) It Under 1 Year

last birthday) Months Days Hours Min.

II. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY U.S.A

MARIE NEUSCHAFER

ADDRESS

LIN WOODD

INTERVAL BETWEEN ONSET AND DEATH

21F. HOW DID INJURY OCCUR?

. 1950, that I last saw the and that death occurred at 7:40A 1M. from the causes and on the date stated above.

23c. DATE SIGNED

24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county)

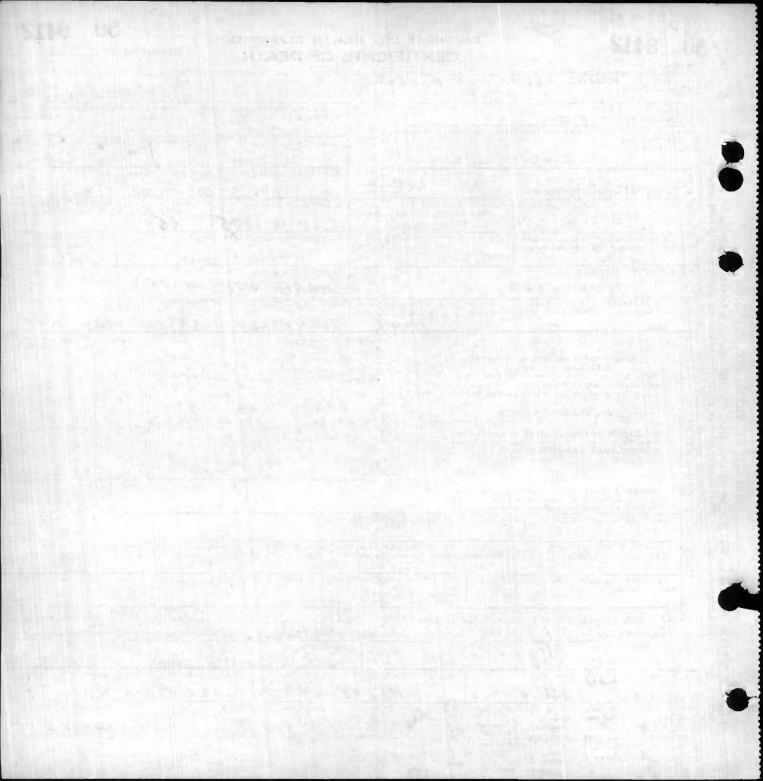
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20. AUTOPSY?

YES X



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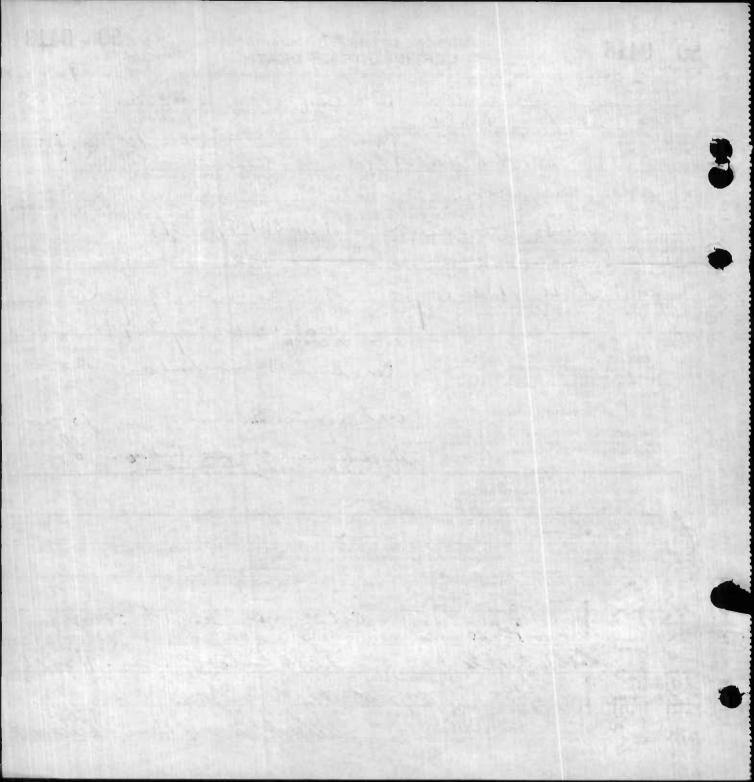
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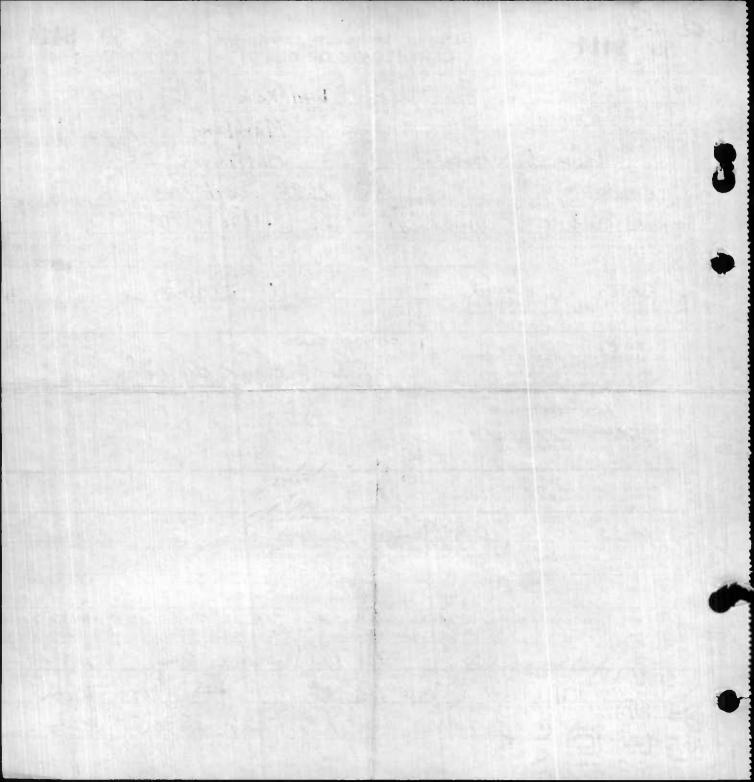
ONSET AND DEATH

20. AUTOPSY

township)



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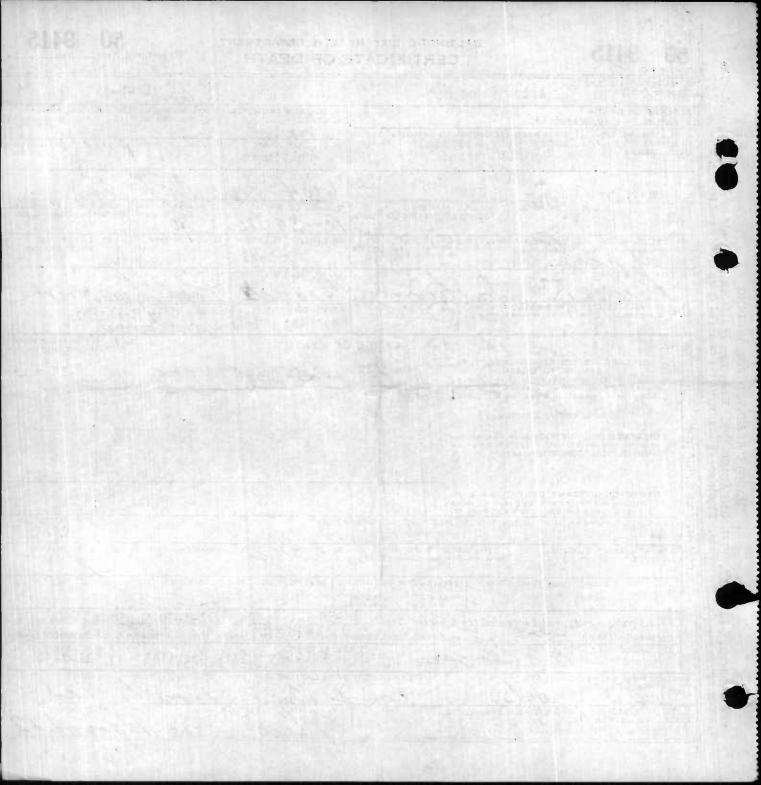
PLEASE WRITE PL. LY, WITH UNFADING INK. Every item of information thould be constant, supplied. The correct age is especially important. Physicians: please write the causes of death analyses and lower and l MARGIN RESERVED FOR BINDING

3.2	5
N.D.	- 142960 0/15
BIRTH	NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50	9415
Registered No	

BIRTH NO.					•
1. NAME OF DECEASED (Type or Print)	Alice South	c omb		OF 11-1-	-50
3. PLACE OF DEATH: A. Baltimore City, Ma	ryland		4. USUAL RESIDENCE (V		institution: residence before admission)
B. FULL NAME OF (If		ion, give street address of pitals location) ue	Maryland c. CITY OR TOWN (III Baltimore	outside corporate lights	, was RULAL and give township)
c. Length of stay in B	altimore	Life Yrs. Mos. Days	D. STREET ADDRESS (If	rural, give location)	lene
	R OR RACE 7. SINGLE	E, MARRIED.	18. DATE OF BIRTH Mar. 19. 1860		Under 1 Year If Under 24 Hours nthe Days Hours Min.
10A. USUAL OCCUPATION work done during most of porking life	e, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	N. Soul	theomb.	Theodate	Pape / Or	regrove
15. WAS DECEASED EVER II (Yes, no or nuknown) (If yes,	V U. S. ARMED FORCES? give was or dates of service)	16. SOCIAL SECURITY NO.	Records; 4940	nore City Hose Eastern Avenu	
(This does not mea heart failure, asthen	I ONDITION DIRECTLY IG TO DEATH In the mode of dying, e. 1 ia, etc. It means the disease tion which caused death	s., (A) Sarco	OF DEATH	Advanced	interval between onset and death
Z O DISEASES OR COI	DENT CAUSES NDITIONS, IF ANY, GIVING THE CAUSE (A) STATING THE NDITION LAST.				
OTHER SIGNIFIC TRIBUTING TO THE TO THE DISEASE O	II ANT CONDITIONS CONDEATH, BUT NOT RELATE R CONDITION CAUSING I	ED .			
19A. DATE OF OPERA		FINDINGS OF OPE	RATION		20. AUTOPSY?
21A. ACCIDENT. SUID HOMICIDE (Specif		ACE OF INJURY (e. g., farm, factory, street, office bldg.,		If in Baltimore City, g	
21D. TIME (Month) OF INJURY		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK	A ADDRESS OF THE PARTY OF THE P	Y OCCUR?	
22. I hereby certify deceased alive on_	that I attended the 11-1-50, 19 50,	and that death occu	rred at 2:115PMn., from t	11-1-50 , 1950 the causes and on th	
23A. SIGNATURE	W. (Dog	M.D.		Hospitals venue	23c. DATE SIGNED 11-2-50
TION REMOVAL (Specty)	11/4/50	24c. NAME OF CEMETI	& Burial	Dallo	med
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATU	JRE	25. FUNERAD DIRECTOR	305 Tha	export la
VS 150	20 4		1//		1 50



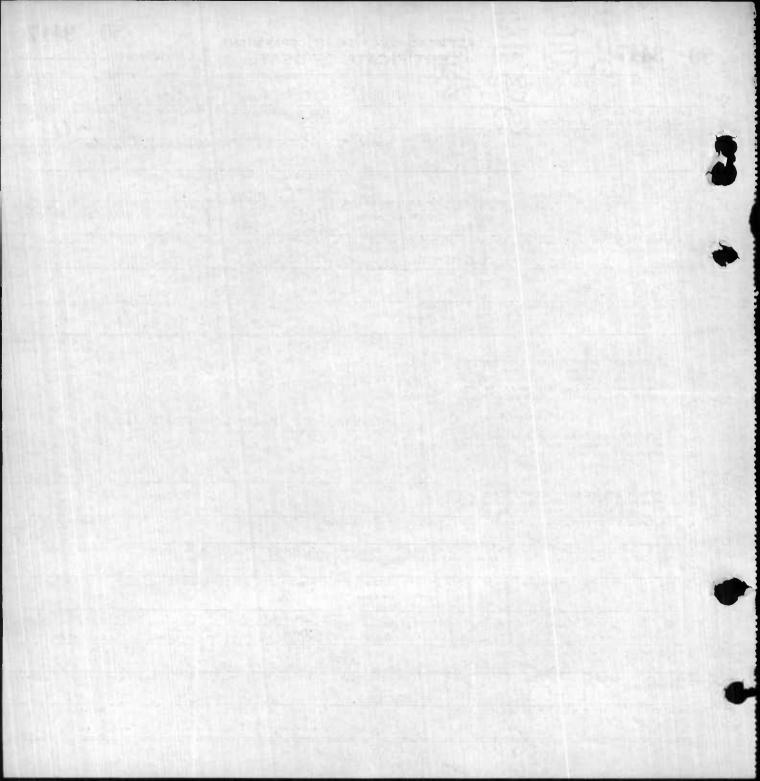
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9417 Registered No. 50-9417

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	WITH.	ortant.
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	NAME OF D		sabel	Virgin	a Cromwell	OF NOV	. 2, 1950
A. Baltimore City, Maryland					4. USUAL RESIDENCE (V A. STATE Maryland	Where deceased lived, I	f institution: residence before sumission)
H	FULL NAME	OF (If not in hospi	tal or institut	ion, give street address or location)		outside cerporate lim	ite, write RURAL and give
IV	ISTITUTION	3735 S. Har	over St		Baltimore	23	(township)
				Yrs.	D. STREET ADDRESS (If	rural, give location)	
		tay in Baltimore		yrs. Mos. Days	3735 S. Hanove		1,010,010
	SEX	6. COLOR OR RACE		E, MARRIED. /ED, DIVORCED (Specify) ređ	8. DATE OF BIRTH April 5, 1880	9. AGE (In years last birthday)	fonths Days Hours Min.
1C worl	A. USUAL OC done during most	CUPATION (Give kind of working life, even if retired		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME				2.00.2 02.2 0	14. MOTHER'S MAIDEN N	AME	
Benjamin T. Ray			Virginia Phelp	S			
15 /Ye	. WAS DECEAS	ED EVER IN U.S. ARME (If yes, give war or dat	D FORCES?	16. SOCIAL	17. INFORMANT		ADDRESS
(10	20	(11 yes, give war of day	os or service)	none	Dorothy Cromwe	11-3735 S. Ha	nover St.
	18. 122	. 1		CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEA	SE OR CONDITION		2 1			
	(This does	LEADING TO DEA s not mean the mode are, asthenia, etc. It me	of dying, e.	g., (A)	c decompensation		2 days
	injury or	complication which	caused death	n.) DUE TO			
		ANTECEDENT CAU	SES	Arter	losclerotic cardio	ovascular di	sease
O		S OR CONDITIONS,		(B)			
AT	UNDERL	THE ABOVE CAUSE (A YING CONDITION L	STATING T	HE DUE TO			
FIC				(6)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED UT TO THE DISEASE OR CONDITION CAUSING IT.							
CE	TRIBUTIN	G TO THE DEATH, BUT	NOT RELAT	ED			
				FINDINGS OF OPER	ATION		20. AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	ENT, SUICIDE, (Specify)	21B. PL/ about home,	ACE OF INJURY (e. g., i		If in Baltimore City,	
ME		(34 43) (T) (37) (XX) 1	21E. INJURY OCCURR	ED 21F, HOW DID INJUR		
	OF INJURY	(Month) (Day) (Year		WHILE AT NOT WHILE AT WORK		Y OCCOR?	
V	22. I hereb	y certify that I at	tended the	deceased from	11-8- , 1949, to	11-2-, 19	50 that I last saw the
	deceased a	live on 11-	2,19 50	and that death occur			the date stated above.
	23A. SIGNA	Lley L. Je	ouch	M. D.	Seu Busuie	nud	23c. DATE SIGNED
2/	A. BURIAL	CREMA- 24B DATE		24c. NAME OF CEMETE	RY OR CREMATORY 24D. L		n, or county) (State)
	Furfa	11-6-5	0 .	Lorraine Cem.		Woodlawn, Md	
	ATE RECEIVE	RAR		THE RESERVE OF THE PARTY.	25. FUNERAL DIRECTOR	0 7 3+	ADDRESS
	11-3-50	Hunting	ton Wil	lians, M.D.	. Wm.J. Tickfier &	Sons-Halto.	, I'd.
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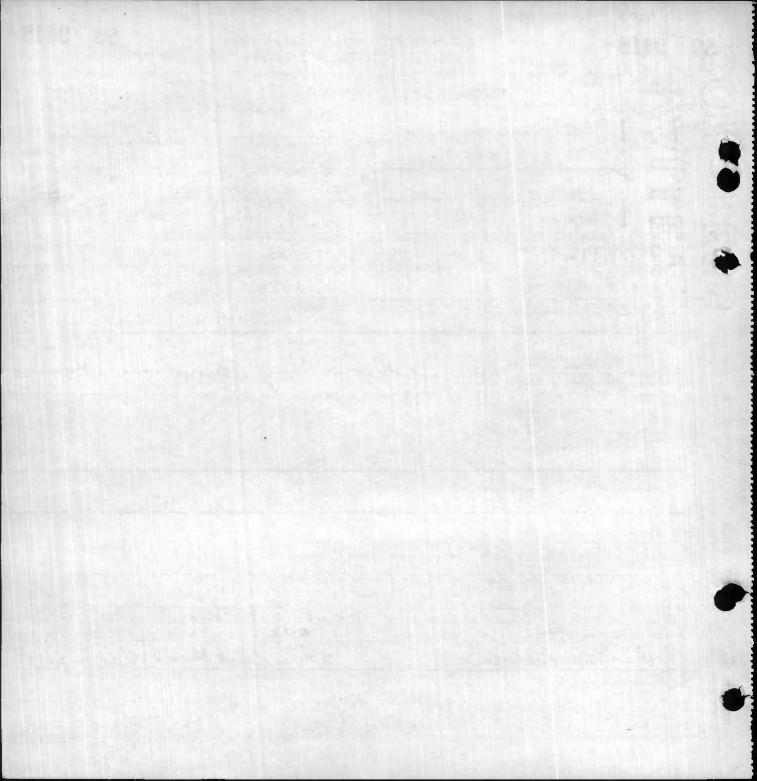


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BALTIMORE CITY HEALTH DEPARTMENT

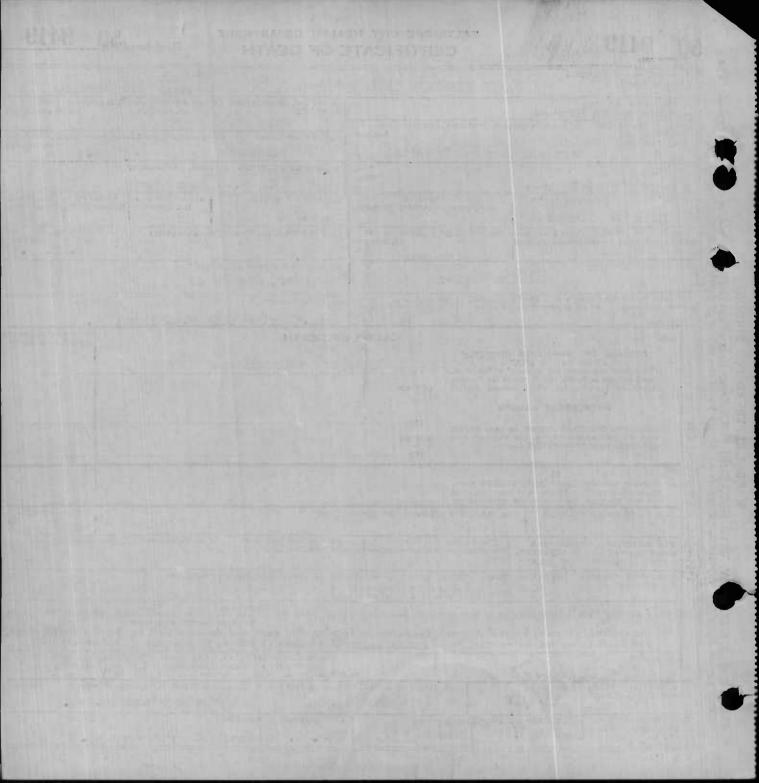
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	H NO.			CERTIFICATI	E OF DEATH	Registered No)
(1300	AME OF DE	CEASED	JAMES W	ESLEY MAHANEY		2. DATE. OF DEATH NOV.	1, 1950
A. Ba	HOSPITAL OR location)				A STATE	4. USUAL RESIDENCE (Where deceased lived, if institution: residence a, STATE B. COUNTY before admission)	
	ITUTION	3810 Reist	erstown		Baltimore D. STREET ADDRESS (If	outside corporate Dhits,	township)
c. Le		ay in Baltimore		Mos. Days	3810 Reisterston	wn Rd.	
ma	ale	white	WIDOWE	D. DIVORCED (Specify)	0ct. 18, 1897	9. AGE (In years Monday) 53	nder 1 Year If Under 24 Hours ths Days Hours Min.
work don	FA LEJ	CUPATION (Give kind of working life, even if retired)		of Business or INDUSTRY Way Spring Co	11. BIRTHPLACE (State or for Maryland		2. CITIZEN OF WHAT COUNTRY
Ċ		enry Mahaney	7,0,0	7,10,34(1)	14. MOTHER'S MAIDEN N Sedonia Sank	AME	
(Yes, no	or unknown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16. SOCIAL SECURITY NO.	Mrs. Franklin A.		Morello Rd.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. heart failure, asthenia, etc. It means the diser injury or complication which caused deat ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIV RISE TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST.				DUE TO (B)		houbais	
W		TO THE DEATH, BUT SEASE OR CONDITION	CAUSING IT.	***************************************			
0	9A. DATE O	OPERATION 1	9B. MAJOR	FINDINGS OF OPER			20, AUTOPSY?
EDICAL C	11A. ACCIDI	ENT WAS UNDER- CONTRIBUTING	21B. PLAC	FINDINGS OF OPER CE OF INJURY (e.g., in m.factory, street, office bldg., e	ATION or 21c. WHERE DID (If in Baltimore City, gi	YES NO
MEDICAL O	21A. ACCIDE LYING OR CAUSE OF D 1D. TIME () F INJURY	ENT WAS UNDER- CONTRIBUTING DEATH Month) (Day) (Year)	21B. PLAC about home, far (Hour) 2 m.	EE OF INJURY (e.g., in m, factory, street, office bldg., e	a or 21c. WHERE DID (INJURY OCCUR? ED 21f. HOW DID INJUR	Y OCCUR?	YES NO ve exact location)
WEDICAL 2 2 2 0 1 2 2 2 4	21A. ACCIDE LYING OR CAUSE OF I 1D. TIME () F INJURY 2. I hereby	ENT WAS UNDER-CONTRIBUTING DEATH Month) (Day) (Year) I certify that I attive on 1	21B. PLAC about home, far (Hour) 2 m. w)	E OF INJURY (e.g., in m. factory, atreet, office bldg., e IE. INJURY OCCURRI III.E AT WORK AT WORK eeeased from nd that death occur	a or 21c. WHERE DID (INJURY OCCUR? ED 21f. HOW DID INJUR	the causes and on the	ye exact location) What I last saw th
24A. TION.	21A. ACCIDE LYING OR LAUSE OF L 1D. TIME (1) F INJURY 2. I hereby eccased ali 3A. SygNAT	ENT WAS UNDER-CONTRIBUTING DEATH Month) (Day) (Year) I certify that I att I ve on 1 REMA-24B. DATE DEST REGISTRAR: ARE REGISTRAR: REMA-24B. REGISTRAR: REMA-24B. REGISTRAR:	21B. PLAC about home, far (Hour) 2 m. who sended the day 19 50 ar	E OF INJURY (e.g., in m. factory, atreet, office bldg., e IE. INJURY OCCURRI III.E AT WORK eeeased from 2 md that death occur M. D. IC. NAME OF CEMETE Woodlawn Cen	a or 21c. WHERE DID (INJURY OCCUR? ED 21f. HOW DID INJURY Tred at 1 2 2m., from to 3 7 00 00 00 00 00 00 00 00 00 00 00 00 0	the causes and on the court of (City, town, oddlawn, Md.	We exact location) Ahat I last sau date stated ab 23c. DATE SIGN



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BALTIMORE CITY HEALTH DEPARTMENT Registered 50 CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) JAMES FRANKLIN TAYLOR November 1 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution : residence A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION township) Baltimore Maryland General Hospital D. STREET ADDRESS (If rural, give location) Yrs. Mos. c. Length of stay in Baltimore 1301 N. Gilmor Street Days 5. SEX 6. COLOR OR RACE It Under 1 Year 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) last birthday) | Months: Days | Hours: Min. WIDOWED, DIVORCED (Specify) Male Colored 1904 10A. USUAL OCCUPATION (Give kind of 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? INDUSTRY U. S. A. UCISS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Taylor Henrietta Jones 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO Chas. Taylor 1144 N. Calhoun St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Pulmonary tuberculosis (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) .. FIC OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ш U 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION NO X DICA 21B. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB. UTING CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes A, accident D, suicide D, homicide D, undetermined D. 23A. SIGNATURE 238. CHIEF MEDICAL EXAMINER 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER..... 24D. LOCATION (City, town, or county) BURIAL, CREMA-24B DATE 24C. NAME OF CEMETERY OR CREMATORY TION, REMOVAL (Specify) 11/5/50 Northumberland Northumberland Co. Va. ADDRESS DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR LOCAL REGISTRAR suttinglors / Yellauld, Mill Geo. G. Kelson 1303 Presstman St. VS 151



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6-6 35	50 9420
BIRTH NO. 50 9420 BALTIMORE CITY HE CERTIFICATION	
Type or Print) ANNA MARGARET COURT HNNA COURT NEY	
B. PLACE OF DEATH: A. Baltimore City, Maryland J. FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
s. FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION Live Life of the former of the particular	c. CITY OR TOWN (If outside corporate limits, write RURAL and give I) also.
Length of stay in Baltimore Yrs. Mos. Days	237. N. Milton Rue.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under 1 Year H Under 24 Hours Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) At home	Ballo:
3. FATHER'S NAME Warren Dodge	14. MOTHER'S MAIDEN NAME Mary Nouse

EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 15. WAS DECEASED 16. SOCIAL (Yes, no or onknown) none SECURITY NO. no

237 N. Milton Avenue 17. INFORMANT John W. Courtney

	18. 332X	CAUSE OF DEATH	INTERVAL BETWEE
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		2
7	ANTECEDENT CAUSES	Ayout ensien.	
ATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
TIFIC	n	(C)	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
AL (19a. DATE OF OPERATION 0 19B. MAJOR F	FINDINGS OF OPERATION	20. AUTOPSY?
EDIC		E OF INJURY (e. g., in or m, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, INJURY OCCUR?	give exact location)
Σ		ALL HOW BIR HOUSE	

WORK

21b. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT NOT WHILE

AT WORK

21F, HOW DID INJURY OCCUR?

195010

22. I hereby certify that I stended the deceased from deceased alive on 10/31, 1950, and that death and that death occurred at 23A, SIGNATURE

23B. ADDRESS

4. m., from the clauses and on the date stated above. 23c. DATE SIGNED

24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE burial 14/50

24c. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

24D. LOCATION (City, town, or county)

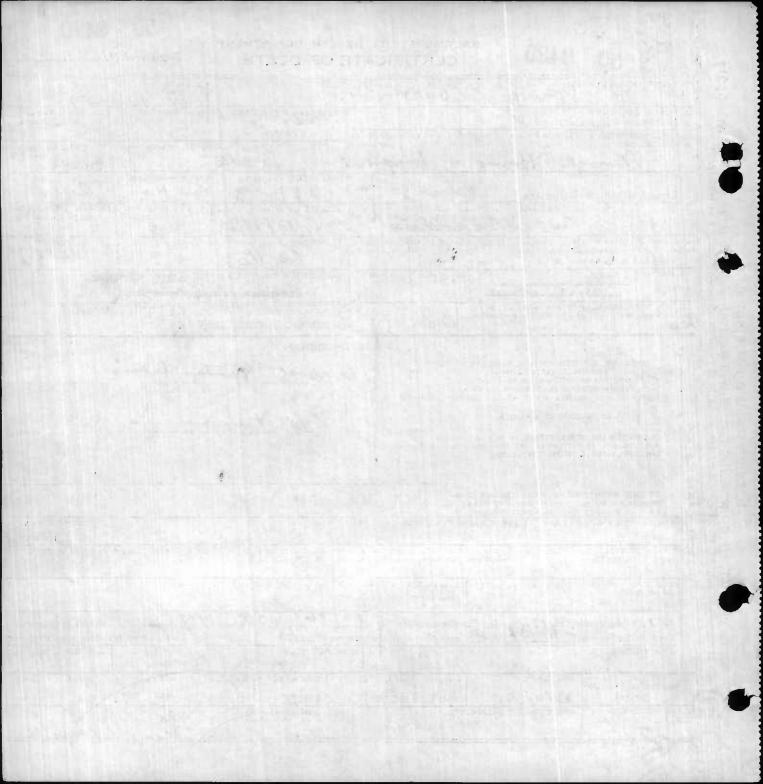
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Baltimore. Md.

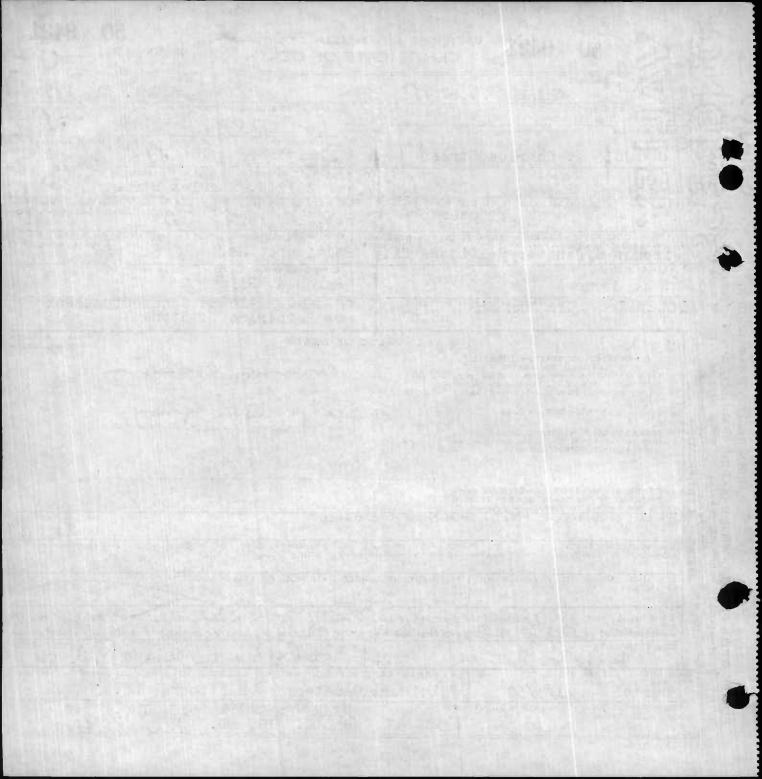
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LY, WITH	cially important.
IId	cially

50 9421 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE (Type or Print) DEATHOCt. 31, 1950 CHARLES F. STONE 4. USUAL RESIDENCE (Where deceased lived. If institution; residence 3. PLACE OF DEATH A. Baltimore City, Maryland B. COUNTY before admission) Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION 2012 N. Charles Street Baltimore D. STREET ADDRESS (If rural, give location) Yrs. Mos. Charles Street c. Length of stav in Baltimore Days 5. SEX 6. COLOR OR RACE | 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year last hirthday) Months Days Hours Min. WWEPOWEPODIVORCED (Specify) Feb. 14, 1879 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF USAWHAT COUNTRY work done during most of working life, even if retired)
Fireman & janitor Baltimore City Baltimore, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah A. Rilev Wm. L. Stone 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 2910 E. MUNUMERADDE LE CE L 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) none no Mrs Katherine R. Stone no INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, Injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION EDIC 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY WHILE AT NOT WHILE I WORK , 1948 to Oct 31 , 1950, that I last saw the 22. I hereby certify that I attended the deceased from Oct U espe deceased alive on Oct 30 1950, and that death occurred at 2 A. m., from the causes and on the date stated above. 23B. ADDRESS 23A. SIGNATURE 23c. DATE SIGNED 202 24A. BURIAL CREMA-TION REMOVAL (Specify) 24C, NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) G burial Baltimore Cemetery Baltimore, Md. DATE RECEIVED BY REGISTRAR'S SIGNATURE HENTHYERS'A RITECTOR SONS. LOCAL REGISTRAR Theute often Millians, Mill BALTO., 13, MD. 3 vs 150



UNFADING	Physicians:
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DATE RECEIVED BY LOCAL REGISTRAR

11	B-525			
	REA-142890 9422 BALTIMORE CITY HE		Registered No.	9422
	RTH NO.			
	NAME OF DECEASED Spe or Print) Carl Benson		OF DEATH Oct.	28, 1950
A.	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (VASTATE Maryland	Where deceased lived. If ins B. COUNTY	titution : residence before admission)
B. HO IN	STITUTION Baltimore City Hospitals location)	C. CITY OR TOWN (If	outside corporate limits.	te RURAL and give township)
	3 4940 Eastern Avenue	D. STREET ADDRESS (If	rural give location)	
1	Length of stay in Baltimore ? Mos. Days	Earle Hotel	312 W Ca	unden for
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Male White Willower	Jan 2, 1885	9. AGE (In years Month	er I Year If Under 24 Hours Bays Hours Min.
10 work	A. USUAL OCCUPATION (Give kind of lob. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for Maryland	oreign country) 12	CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME Charles A. Benson	14. MOTHER'S MAIDEN N		1/
15				
(Ye	. WAS DECEASED EVER IN U. S. ARMED FORCES? I, no or unknown) (If yee, give war or dates of service) SECURITY NO.	Records: B. C. H		Avenue
	18. 490X , CAUSE	OF DEATH		INTERVAL BETWEEN
	DISÉASE OR CONDITION DIRECTLY (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	neumonia		24 hours
7	ANTECEDENT CAUSES			
RTIFICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.			
FIC	(C)	***************************************	***************************************	
CERTI	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	RATION		20. AUTOPSY?
AL				YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., is about home, farm, factory, atreet, office bldg., compared to the c		If in Baltimore City, give	e exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK AT WORK	ED 21F, HOW DID INJUR	Y OCCUR?	
		0-27 , 150 , to 1	0-28 , 150 ,	that I last saw the
	deceased alive on 10-28, 150, and that death occur	rred at 5:15 Am., from t	the causes and on the	
	23A, SIGNATURE	236. ADDRESS 4940 Eastern Aven		23c. DATE SIGNED 11-2-50
2/ TI		RY OR CREMATORY 24D. L		Md. (State)

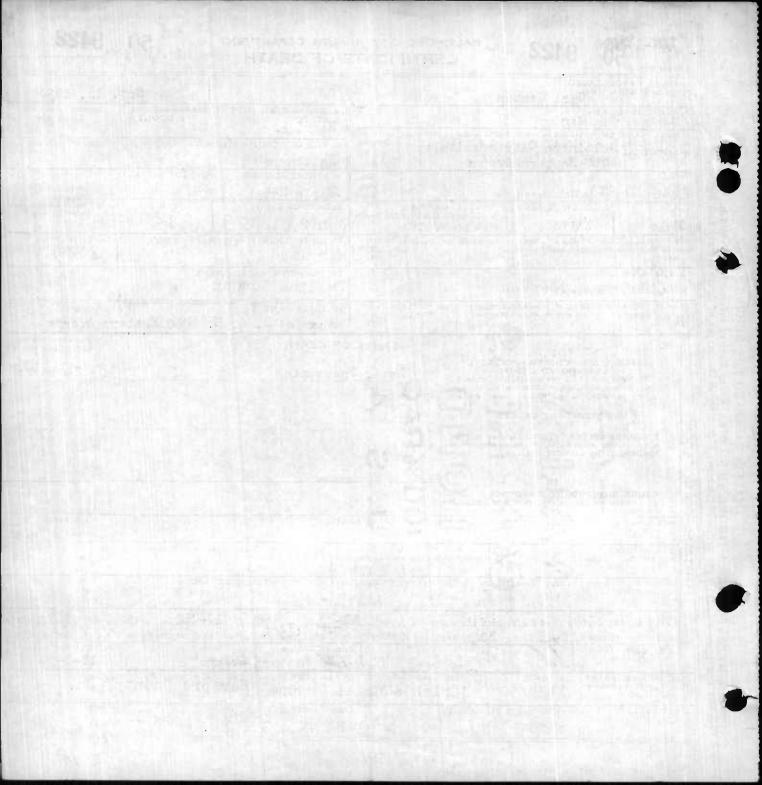
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REGISTRAR'S SIGNATURE

ASTUNERAL PRESTOR & BALTO., 13; MD

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ADDRESS

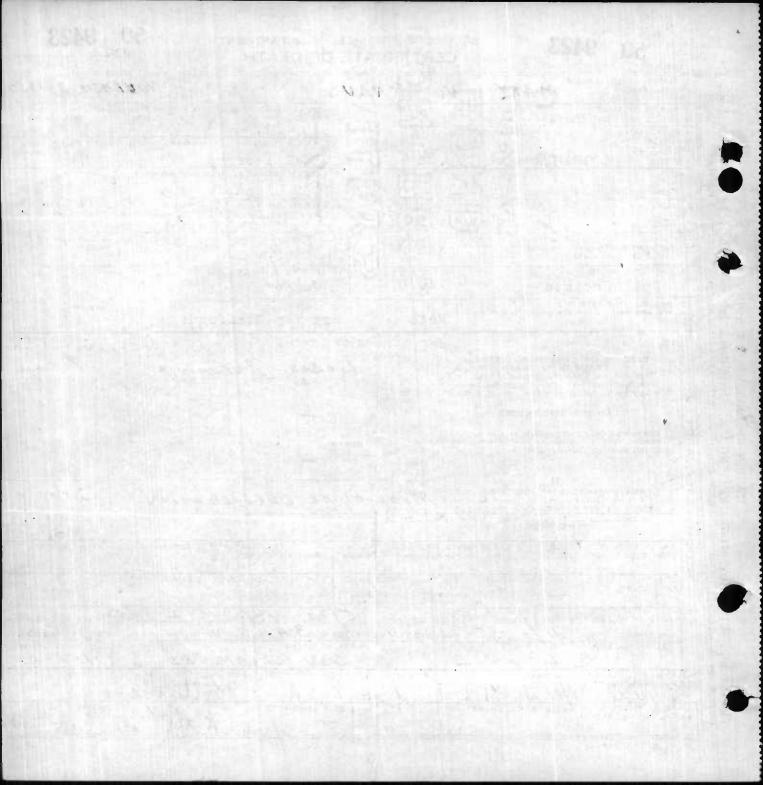


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9423 Registered No.

B	RTH NO.							
(T	NAME OF I	MAR	r	V. KNA		2. DATE NOW DEATH		
	Baltimore	City, Maryland			4. USUAL RESIDENCE (V	Where deceased lived. I		residence e admission)
В.			al or institut	ion, give street address or				
IN	ISTITUTION	1000 07		location)		outside corporate lim	its, write RUR	AL and give township)
	7.0	4009 Glenm	ore Av	re. Yrs.	Baltimore D. STREET ADDRESS (If	To .	1-6/5	
	Tanath of	stan in Daltin	T:0-	Mos.				
	SEX /	stay in Baltimore	Life 7. SINGL	Days E. MARRIED.	4009 Glenmor	O ACE UP VODE	If Under 1 Year	If Under 24 Hours
	Male	W.	WIDOW	OWED (Specify)	8/28/65	last birth day) M	lonths Days	dours Min.
1C worl	dope during most	CCUPATION (Give kind of tof working life, even if retired) DUTIES	10B. KINE	O OF BUSINESS OR INDUSTRY	11. BIRTHPLAGE (State or for Baltimore	oreign country)	12. CITIZE WHAT	N OF COUNTRY
13	. FATHER'S	NAME		5 6/8/18/18	14. MOTHER'S MAIDEN NA	AME		1/
		Jackson			Unknown			
15 (Ye	. WAS DECEAS	(If yes, give war or date	FORCES? of service)	16. SOCIAL NECURITY NO.	17. INFORMANT Mrs May Staff		ADDRESS	
	18. 49	SE OR CONDITION	DIRECTIV		OF DEATH			AL BETWEEN
ERTIFICATION	DISEASE RISE TO UNDERL	es not mean the mode of ure, asthenia, etc. It mea r complication which of ANTECEDENT CAUSES ES OR CONDITIONS, I THE ABOVE CAUSE (A) YING CONDITION LA	ns the disease aused death SES F ANY, GIVII STATING TO	(B)	OBAR PNEO		2 +	les +
ū	TO THE	DISEASE OR CONDITION	CAUSING	FINDINGS OF OPER			1.00.41	UTOPSY?
AL	ISA. DATE	OF OPERATION O	9B. MAJOR	FINDINGS OF OPER	ATTON		YES YES	NO P
IEDIC		ENT, SUICIDE, (Specify)	21B. PLA about home,	ACE OF INJURY (e. g., it farm, factory, street, office bldg., e	n or 21c, WHERE DID (I etc.) INJURY OCCUR?	f in Baltimore City,		cation)
Σ	21b. TIME OF INJURY	(Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK	ED 21F. HOW DID INJURY	OCCUR?		647
	22. I horei	by certify that I att	ended the	deceased from	5/24 1948 to	11/2 195	othat I la	st saw the
	deceased a			and that death occur	fed at 3 A.m., from t.	he eauses and on		
	23A. SIGNA	the wome	chen	м. р.	633/ BELAIR		11-2	E SIGNED
/	BURIAL OX REMOVAL ATE RECEIVE	1 MN.4	1950	24C. NAME OF CEMETE	RY OR CREMATORY 24D. A	allers o	ADDRESS	(State)
L	OCAL REGIS	TRAR	1-1	VIII WAN	The oferice	KA Col	1913 Ball	wid.
111	W 75 750	70	A STAN D	-				



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	50	9424
Dogi	stand No	

	CERTIFICAT	E OF DEATH	Registered No.
	BIRTH NO.		
	Type of Print) HAMBURGER JOHN	R	DATE OF DEATH II 3/50
	B. PLACE OF DEATH! A. Baltimore City, Maryland	A. STATE	re deceased lived. If institution: residence B COUNTY before admission
	B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location)		DIATIMORE
	NSTITUTION UNIVERSITY HOSPITAL	HALETHORPE	side corporate limits, write RURAL and giv township
	Yrs. Mos.	and I have a	al, give location)
1000	Length of stay in Baltimore Days	BUIL SELMA	Hut-
	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9	AGE (In years H Under Year H Under 24 Hours Months Days Hours Min.
	OA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign	
	INDUSTRY INDUSTRY INDUSTRY INDUSTRY INDUSTRY	MARNERVIERVI	WHAT COUNTRY
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	5
	OSCAR HAMBURCER	CORA LYN	/ \/
3	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL [68, no or unknown] (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
3	(es, no or unknown) (If yes, give war or dates of service) SECUR!TY NO.		
		OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		
		MARY THROM	1BOSIS 12 DAY
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO		
	ANTECEDENT CAUSES		
2	DISEASES OR CONDITIONS, IF ANY, GIVING		
Picon FION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
2			
1510			
For	OTHER SIGNIFICANT CONDITIONS CON-		
	TO THE DISEASE OR CONDITION CAUSING IT.		
	198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
3 1 (in or 21c. WHERE DID (If in	Baltimore City, give exact location)
	LYING OR CONTRIBUTING ebout bome, ferm, factory, street, office bldg.,		
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY		CCUR?
	m. WHILE AT NOT WHILE AT WORK AT WORK		11/2
	22. I hereby certify that I attended the deceased from U	:30 1, 1900, to 6	19 that I last saw th
3	deceased alive on 0 30 / b, 19 50 and that death occur	rred at 1.40 m., from the	causes and on the date stated above
2	23A. SIGNATURE	23B. ADDRESS	23c. PATE SIGNED
0 -	M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETE	ERY OF CREMATORY SANDOL	ATION (Gity, town, or county) (State)
	ION DEMOVAL (Specify)	7-1-21 1 70	L Pol (state)
-	DATE RECEIVED BY I REGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR	M AUG ADDRESS
	OCAL REGISTRAR	W. DT.	
=	VOV3150950 Multington / Masus, Mile	Jul 1: Jour	reduction and
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BALTIMORE CITY HEALTH DEPARTMENT

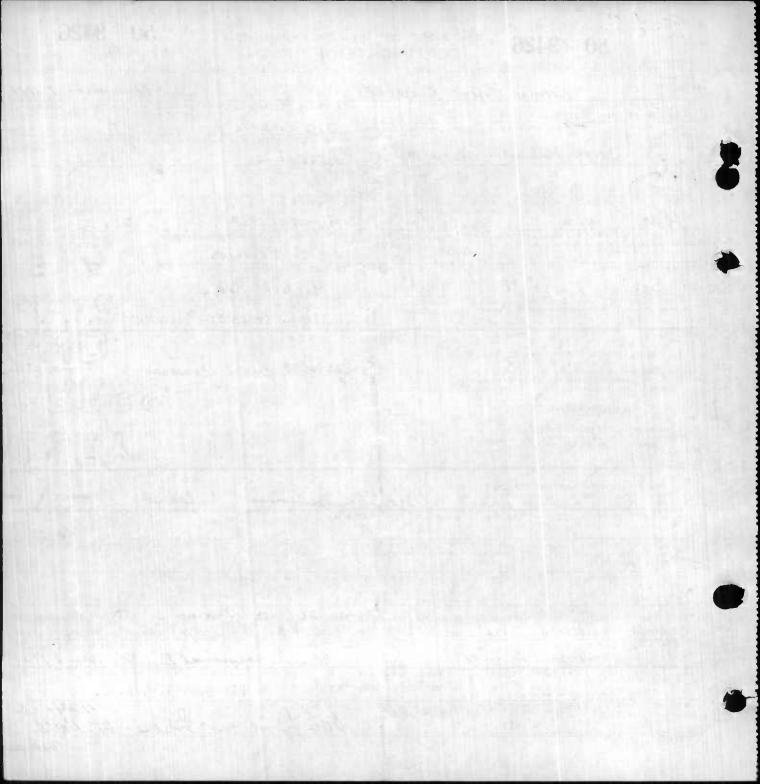
1	50	9425
1	Registered	No.

ВІ	IRTH NO.			CERTIFICATE	- OF DEATH	Registered	NO.
	NAME OF D		es Bram	ble		2. DATE OF DEATH NO	ovember 1,1950
B. HC	Baltimore C FULL NAME OSPITAL OR ISTITUTION	City, Maryland OF (If not in hospite U.S. Marine	Hospit		c. CITY OR TOWN	Where deceased lived. B. COUNTY	
	Towards of a	Baltimore l	II, MAT	Yrs. Mos.	Bishops Head o. STREET ADDRESS (If	rural, give location)	0.0.0
5.	SEX	6.COLOR OR RACE	WIDOW	E. MARRIED. VED. DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	ff Under 1 Year Il Under 24 Hours Months Days Hours Min.
10	A. USUAL OC	CCUPATION (Give kind of of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		12. CITIZEN OF WHAT COUNTRY?
13	Thomas	Bramble			14. MOTHER'S MAIDEN N	IAME	
15 (Yer	S. WAS DECEASE	ED EVER IN U. S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	Dora Murphy 17. INFORMANT Records - U.S		ADDRESS Spital, Balto, Md
Z	(This does heart failu injury or	SE OR CONDITION LEADING TO DEATS s not mean the mode of ure, asthenia, etc. It mean complication which of ANTECEDENT CAUS	TH of dying, e.g ins the disease caused death	s., (A) se, owen	ic aortic valvuli tenosis, myocardis	***************************************	hy unknown
RTIFICATION	RISE TO T	S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LA	STATING TH	NG	nary edema		unknown
CERTI	TRIBUTING	II SIGNIFICANT CONDI G TO THE OEATH, BUT DISEASE OR CONDITION	NOT RELATE	LD .			
CAL	19A. DATE O	OF OPERATION 1	9B. MAJOR	FINDINGS OF OPERA	ATION		20. AUTOPSY?
EDI	21A. ACCIDE HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., et	ant 21c. WHERE DID (btc.) INJURY OCCUR?	If in Baltimore City	, give exact location)
Σ	OF INJURY	(Month) (Dsy) (Year)	m.	21E. INJURY OCCURRE WHILE AT NOT WHILE WORK AT WORK			
	22. I hereby certify that I attended the deceased from October 14, 1950, to Nov. 1, 1950, that I last saw the deceased alive on Nov. 1, 1950, and that death occurred at 4:05 Pm., from the causes and on the date stated above. 23A. SIGNATURE 23B. ADDRESS 23C. DATE SIGNED John L. Wilson, Clinical Director M.D. U.S. Marine Hospital, Balto., Md. 11-2-50						
TX.	4A. BURIAL, CON. REMOVAL (S. ATE RECEIVED OCAL REGISTION	D BY REGISTRAR'S	-50	St Shor	RY OR CREMATORY 240. L	or Chester	ADDRESS
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	K-623	9426			EALTH DEPARTM	ENT	50	9426
1.	NAME OF DECEAS	ED		4	E OF DEATH	2. [Registered N	
3	PLACE OF DEATH:		Lugen	e Krasnoff	4. USUAL RESIDEN			institution; residence
B. H	OSPITAL OR	(If not in hospital		ion, give street address or location)	South Carolio	ia	B. COUNTY	before admission) s, write RURAL and give township)
- c	Length of stay in	A Memor	iac H	Yrs. Mos.	BISHOPVILLO D. STREET ADDRESS		give location)	township)
5	Male W	OR OR RACE 7	Single	Days . MARRIED, ED, DIVORCED (Specify)	A Ugust 11, 19.	so la	st birthday) Mo	Under 1 Year nths: Days Hours Min.
wor	A. USUAL OCCUPAT	TON (Give kind of 1 glife, even if retired)	OB. KIND	OF BUSINESS OR INDUSTRY	500th Car	te or foreign	country)	12. CITIZEN OF WHAT COUNTRY:
	SOLLIE	KrasnoFl	=		MILLORED	-		
15 (Ye	5. WAS DECEASED EVER se, no or unknown) (If yo	IN U. S. ARMED F	ORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT Sollie L. Kra			DDRESS lle, S. C.
FICATION	(This does not m heart failure, asth injury or compli- ANTEC DISEASES OR C	CONDITION DI ING TO DEATH ean the mode of c enia, etc. It means eation which caus CEDENT CAUSES ONDITIONS, IF A VE CAUSE (A) ST CONDITION LAST	lying, e. g the disease sed death	(A)	of DEATH	est clu	224524	2 mo. 23 d
CERTI	TRIBUTING TO THE	CANT CONDITION COR CONDITION C	T RELATE	· OSrouch	grunoua	hel	latino.	
CAL	19A. DATE OF OPE	RATION 19B	. MAJOR	FINDINGS OF OPER	RATION		25.5	YES NO
MEDIC	21A. ACCIDENT W LYING OR CONT CAUSE OF DEATH	RIBUTING 8		CE OF INJURY (e. g., i erm,factory,street,office bldg.,		(If in B	altimore City, g	give exact location)
	21D. TIME (Month) OF INJURY	(Day) (Year) (H		THE AT NOT WHILE AT WORK	ED 21F. HOW DID II	NJURY OCC	UR?	
	deceased alive on			and that death occur	1.5e- 26, 1950, rred at 6:00 Am., f			he date stated above
_	23A. SIGNATURE	John D.		м. р.	Uman n			
Ti	AA. BURIAL, CREMA- ON, REMOVAL (Specify) Removal	248. DATE 11/3/50	1 11	Hebrew Cem			on (City, town, ville, \$.	
	ATE RECEIVED BY DCAL REGISTRAR	REGISTRATIS	FICTIATY	thane, Mill	Sol. Llun	son of	Bros	45. North
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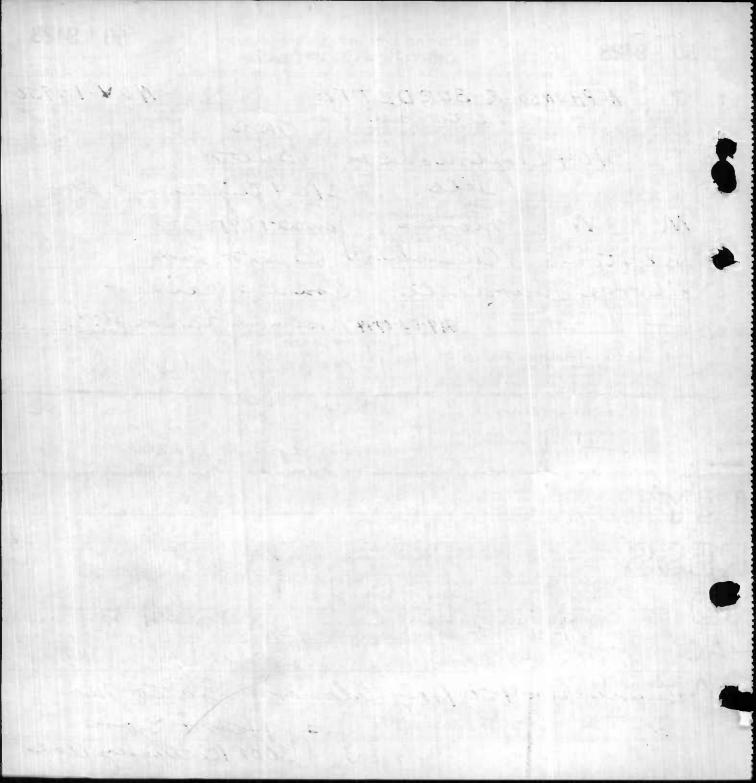
50	9427		вА	LTIMORE CITY H			50 istered No.—	9427
	I. NAME OF DECEASED (Type or Print) Jacob M. Hart				2. DATE OF DEATH	11-2-1	950	
	3. PLACE OF DEATH: A. Baltimore City, Maryland					NCE (Where decease		tion : residence before admission)
B. FULL HOSPIT. INSTITU	AL OR	(If not in hospital)		tion, give street address of location Road	c. CITY OR TOWN	(If outside corp.	ate limits, write	tuRAL and give township)
c. Leng	th of stay in	Raltimore		6.9 Yrs. Mos. Days	D. STREET ADDRE	ss (If rural, give lo		
5. SEX Ma	6, CO	LOR OR RACE		E. MARRIED, VED, DIVORCED (Specify	8. DATE OF BIRTH Oct.20,187	lost hirt		Tear Under 24 Hours Days Hours Min.
IOA. USI		Give kind of glife, even if retired) WORKER	108. KINI	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (S	tate or foreign country		ITIZEN OF HAT COUNTRY
	HER'S NAME				14. MOTHER'S MA			
	be Hart	R IN U.S. ARMED	FORCES?	16. SOCIAL	Louisa I	Sarhart	ADDRES	
(Yes, no or	unknown) (If y	es, give war or date	of service)	212-07-915		Eva B.Hart		
NO D	This does not meart failure, asthijury or compliance ANTE	olng to DEA' nean the mode of nenia, etc. It mea ication which of CEDENT CAUS CONDITIONS, I OVE CAUSE (A) CONDITION LA	f dying, e. ns the disea aused deat EES F ANY, GIVI STATING T	se, h.) DUE TO (B)	anema o	Che Aun	7	place In
LU T	RIBUTING TO T	II ICANT CONDI HE DEATH, BUT OR CONDITION	NOT RELAT	N. General	lized arter	isselerosis		
	DATE OF OPE			R FINDINGS OF OPE	RATION			20. AUTOPSY?
U 21A.	ACCIDENT, SI		21B. PL. about home,	ACE OF INJURY (e. g., farm, factory, street, office bldg.	in or 21c. WHERE D		ore City, give ex	
	TIME (Month) NJURY	(Day) (Year)	(Hour)	21E. INJURY OCCURE WHILE AT WORK AT WORK		INJURY OCCUR?		
			ended the), to 11/2		t I last saw the
dece 23A.	signature	TA L	91950,	deceased from and that death occu	238. ADDRESS 25 20 5	from the causes of Drive		te stated above
TION, REI	URIAL CREMA- MOVAL (Specify) rial	248. DATE	950	Loudon Park		Baltimor		Md. (State)
DATER	ECEIVED BY REGISTRAR 3 - 1950	REGISTRAR	SIGNATI	PRE 11	25. FUNERAL DIR	ECTOR	ADDI	RESS
VS	5 150	- 0		690				11 m 5

Dr HJ Levikas 5305 EAST Deve

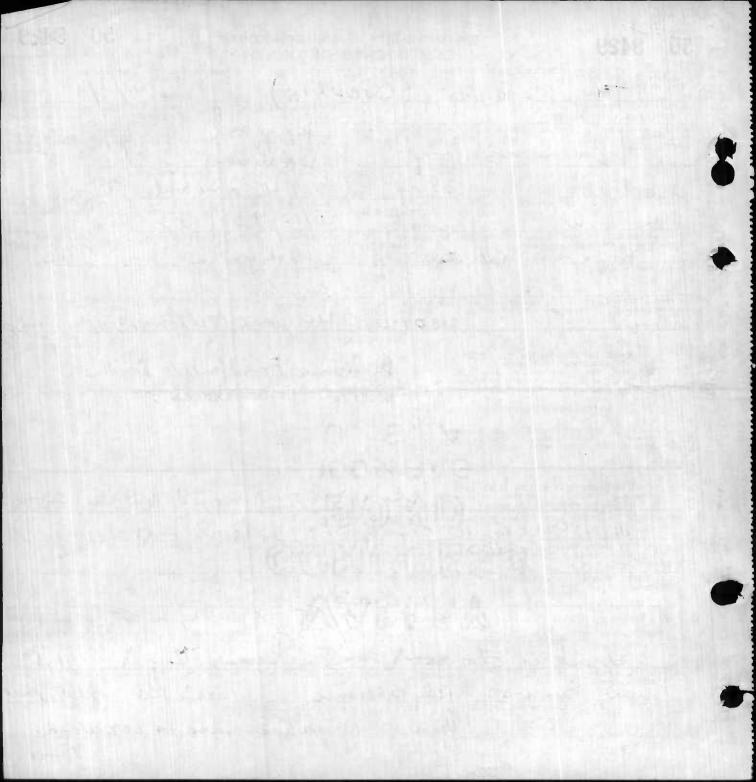
9428 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. 1. NAME OF DECEASED 2. DATE (Type or Print) OF PHUNSO-R-BURDETTE DEATH 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY A. STATE before admission) B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location (If outside corporate links, write KURAL and give C. CITY ORSTOWN INSTITUTION 2 township) D. STREET ADDRESS (If rural, give location) twon c. Length of stay in Baltimore Days 5. SEX 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 6. COLOR OR RACE 9. AGE (In years) H Under 1 Year a last birthday) Months Days Hours Min. married 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR 1. BIRTHPLACE (State or foreign country 12. CITIZEN OF ork done during most of working life, even if retired) WHAT COUNTRY? NOUSTE Serton 13 FATHER'S NAME 15. WAS DECEASE EVER IN U. S. ARMED FORCES? (Yes, no or uokoows) (If yes, give war or dates of service) SOCIAL 9-03-0744 mrs INTERVAL BETWEEN DEAT ONSET AND DEATH DISEASE OR CONDITION DIRECTLY the LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES (B) ... DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNFADING Physicians: UNDERLYING CONDITION LAST. (C) RTI OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED Ш TO THE DISEASE OR CONDITION CAUSING IT. U 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY mportant. YES 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT WAS UNDERā about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE WORK 1938 to Worlds 19 Sochat I last saw the 22. I hereby certify that I attended the deceased from. 1950, and that death occurred at 930Am., from the causes and on the date stated above. deceased alive on 11-31 23A. SIGNATURE 23c, DATE SIGNED 24C, NAME OF CEMETERY OR CREMATORY TION REMOVAL (Specify REGISTRAR'S SIGNAPURE ADDRESS RECEIVED BY 25. FUNERAL DIRECTOR

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	Yrs.	D. STREET ADDRESS (If rural, give location)	
c.	Length of stay in Baltimore . 39 yrs Days	919 W. Lambard St.	
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		rea atm., from the causes and on the date	
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	OCAL REGISTRAR	25. FUNERAL DIRECTOR ADDR	(ESS
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	VS 150	10	Vola.
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B et l	630 50 9430 BIRTH NO.	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	Registered No. 9430			
	1. NAME OF DECEASED BARR E	TT, Laura	2. DATE OF DEATH 11-2-50			
supplied.	B. FULL NAME OF (If not in hospital or i	nstitution, give street address or	Where deceased lived. If institution: residence B. COUNTY before admission)			
14.	HOSPITAL OR INSTITUTION WIVERSITY	HOSPITAL BALTIMON				
e e	c. Length of stay in Baltimore	Days XUU DE LA	rural, give location) #13			
should be	F W "	INGLE MARRIED. 8. DATE OF BIRTH //IDOWED, DIVORCED (Specify) //90/- am 23				
sho	wurk done during most of working life, even if retired)	WIND OF BUSINESS OR 11. BIRTHPLACE (State or)	WHAT COUNTRY			
VG rmat death	13. FATHERS NAME DIE	TER MARGARI	ANE MANNER			
BINDING of informatuses of deatl	(Yes, no or una nown) (If yes, give war or dates of ser	CES? 16. SOCIAL SECURITY NO. 215-07-1697	ADDRESS			
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MARGIN UNFADINC Physicians:	OTHER SIGNIFICANT CONDITION TRIBUTING TO THE DEATH, BUT NOT IT TO THE DISEASE OR CONDITION CAUS	RELATED				
iii ,	19A. DATE OF OPERATION 19B. M	LAJOR FINDINGS OF OPERATION PER AGU	eluct (over) 20. AUTOPSX?			
LY, WIT		B. PLACE OF INJURY (e. g., in or large through the bome, farm, factory, a reet, office bldg., etc.) INJURY OCCUR	If in Baltimore City, give exact location)			
Fill	21D. TIME (Month) (Day) (Year) (Hou OF INJURY	r) 21E. INJURY OCCURRED 21F. HOW DID INJUR m. WHILE AT NOT WHILE AT WORK AT WORK	Y OCCUR?			
re Pr	22. I hereby certify that I attended the deceased from 10-31, 1963, to 1/-2, 1983, that I last saw the deceased alive on 1/-1, 1953, and that death occurred alive on 1/-1, 1953, and the death occurred alive on 1/-1, 1953, the I last saw the deceased alive on 1/-1, 1953, and that death occurred alive on 1/-1, 1953, the I last saw the deceased alive on 1/-1, 1953, and that death occurred alive on 1/-1, 1953, the I last saw the deceased alive on 1/-1, 1953, the I last saw the deceased alive on 1/-1, 1953, and that death occurred alive on 1/-1, 1953, the I last saw the deceased alive on 1/-1, 1953, and the deceased alive on 1/-1, 1953, and the death occurred alive on 1/-1, 1953, and the deceased alive on 1/-1, 1953, and the death occurred alive of 1/-1, 1953, and					
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SE W	TION REMOVAL (Starity)	Holy (adeemer):	GCATION (City, town, or county) (State)			
PI S correct	DATE RECEIVED BY REGISTRAR'S SIC	SNATURE 25. FUNERAL DIRECTOR	n ton			
	VS 150	0 3001	1 Centucky and			

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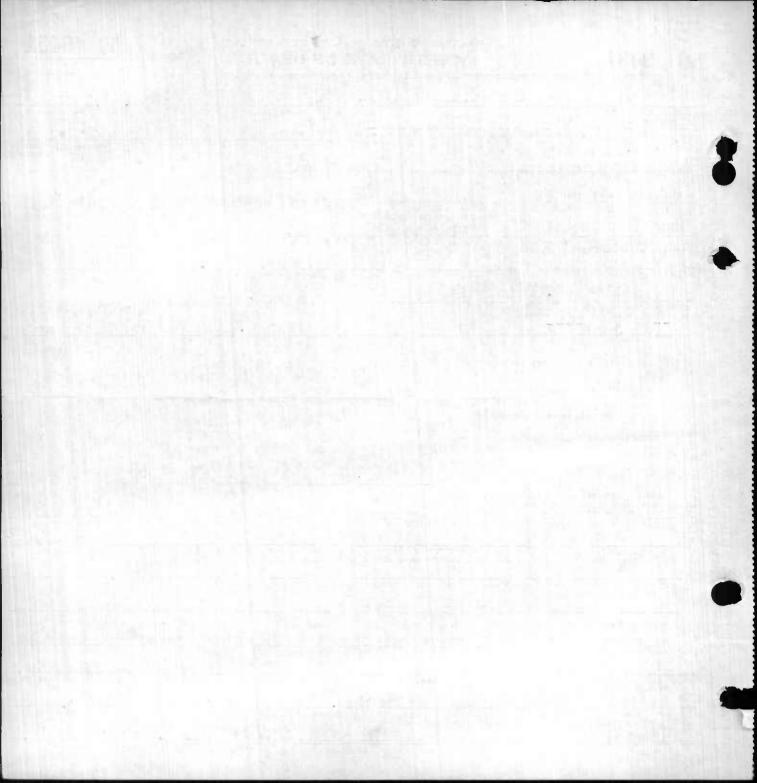
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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9431

1. NAME_OF_DECEASED 2. DATE				
(1	ype or Print) Charlotte Florence Leimkul	hler DEATH NOV.	2 1050	
3 A	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If in B. COUNTY	stitution: residence before admission)	
H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits,		
11	10 706 Nonthann Bankwan	17-	(township)	
	706 Northern Parkway Yrs.	D. STREET ADDRESS (If rural, give location)		
-	Length of stay in Baltimore Tage Days	700 N 13		
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 19. AGE (In years) #1	nder 1 Year Ii Under 24 Hours	
	Temale White Single		ths Days Hours Min.	
10 wor	DA. USUAL OCCUPATION (Give kind of k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?	
-		Baltimore Md.		
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
	William J. Leimkuhler	Olive M. Smith		
15 (Ye	5. WAS DECEASED EVER IN U, S. ARMED FORCES? 16. SOCIAL s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT	GRESSorthern	
,	SECORITI NO.	William J. Leimkuhler	Parkway	
	18. 5 \$ 1 D CAUSE 0	OF DEATH	INTERVAL BETWEEN	
	DISEASE OR CONDITION DIRECTLY	or bearing	ONSET AND DEATH	
	LEADING TO DEATH	a Paris on Proces	221.	
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	injury or complication which caused death.) DUE TO			
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TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
CA	UNDERLYING CONDITION LAST.			
F	(C)			
RTI				
[1]	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED			
U	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?	
AL	O ISS. MASON TIME MOST OF EN		YES NO P	
O	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in	or 21c. WHERE DID (If in Baltimore City, gi		
EDICA	HOMICIDE (Specify) about home, farm, factory, street, office bldg., et	te.) INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRE	2 1F. HOW DID INJURY OCCUR?		
	OF INJURY WHILE AT NOT WHILE			
22. I hereby certify that I attended the deceased from Man 231946 to Por 2, 1950, that I last saw				
		3B. ADDRESS	23c. DATE SIGNED	
	M. D.	6100 york Rosa	Now 2, 1950	
24a. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)				
Burial 11/4/50 Lorraine Cem. Baltimore Md.				
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR ADDRESS				
NOV3-1950 Emilion Milante, M. Work 3000 E. Baltimore St.				
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Tue	50тн 9432	CERTIFICATE OF DEATH	Registered No.
	1. NAME OF DECEASED (Type or Print)	hite	2. DATE OF DEATH Y - 2 - 1950
supplied.	a. Baltimore City, Maryland + 11 B. FULL NAME OF (If not in hospital or institution) HOSPITAL OR	tution, give street address or	Where deceased lifed. If institution: residence B. COUNTY before admission)
ory.	matitution and any	location) C. CITY OR TOWN (III Yrs. D. STREET ADDRESS (IA	outside corporate limits, write RUPAL and give township)
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rly and	Temple White Wid	OWED, DIVORGED (Specify)	9. AGE (In years 17 Under Year 16 Under 24 Hours Man. Man
clea	10A. USUAL OCCUPATION (Give kind of york dooe during most of working life) even if retired) 13. FATHER'S NAME	ND OF BUSINESS OR INDUSTRY INDUSTRY	WHAT COUNTRY?
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hys	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT REL TO THE DISEASE OR CONDITION CAUSING	ATED	
런 .		or findings of operation	20. AUTOPSY?
porta	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING chout hot		If in Baltimore City, give exact location)
£	ZID. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E, INJURY OCCURRED 21F, HOW DID INJURY WHILE AT NOT WHILE AT WORK	Y OCCUR?
pecia	22. I hereby certify that I attended t	he deceased from 1/7/50, 19, to	11/450, 19_, that I last saw the
is especi	deceased alive on 11430, 19	and that death occurred at 4 fr. m., from t	he causes and on the date stated above. 23c. DATE SIGNED
5 00 F	Llas Parice	M. D. ISOIN. Milton	
correct a	DATE RECEIVED BY REGISTRAR'S SIGNAL	Ale Redeemer Pen Be	lan Pd-Batto Nd
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12. CITIZEN OF

WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY

thereon and from

(State)

23c. DATE SIGNED

11-2-50

ADDRESS

H Under 1 Year AGE (In years) last hirthday) Months: Days Hours: Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MAIDEN NAME ADDRESS ROPKIES BUSPITAL NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? (If in Baltimore City, give exact location) 21F. HOW DID INJURY OCCUR? 1950, that I last saw the from the causes and on the date stated above. 23c. DATE SIGNED 24D. LOCATION (City, town, or county) ADDRESS

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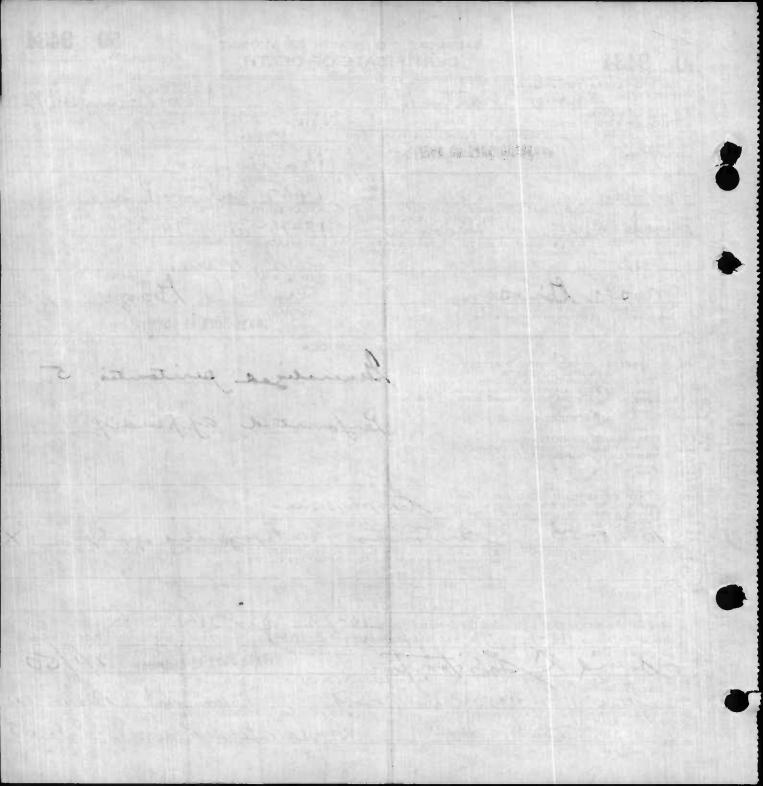
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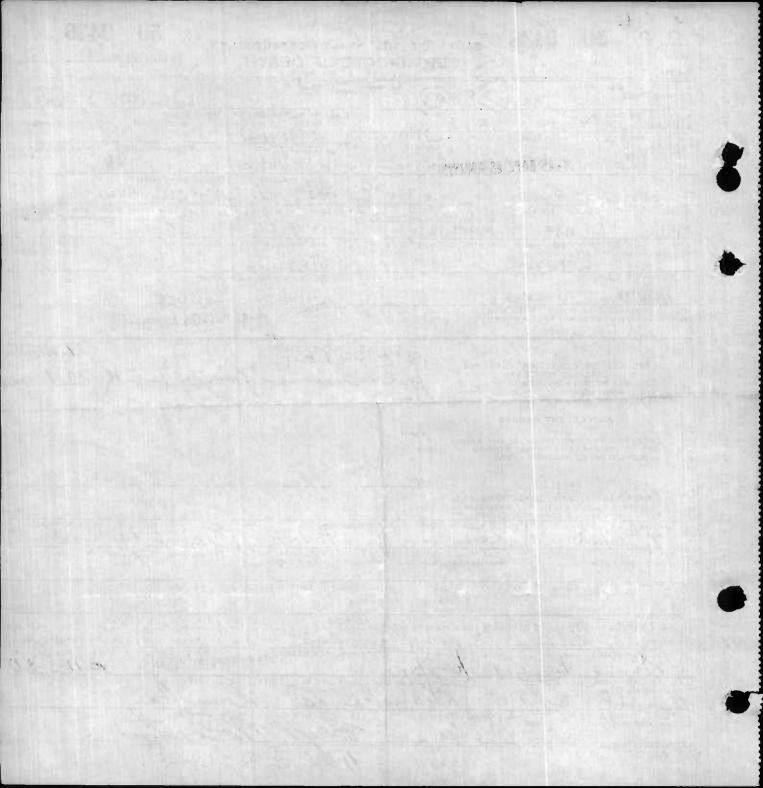
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BALTIMORE	CITY	HEALTH	DEPARTMENT
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1	50	9435
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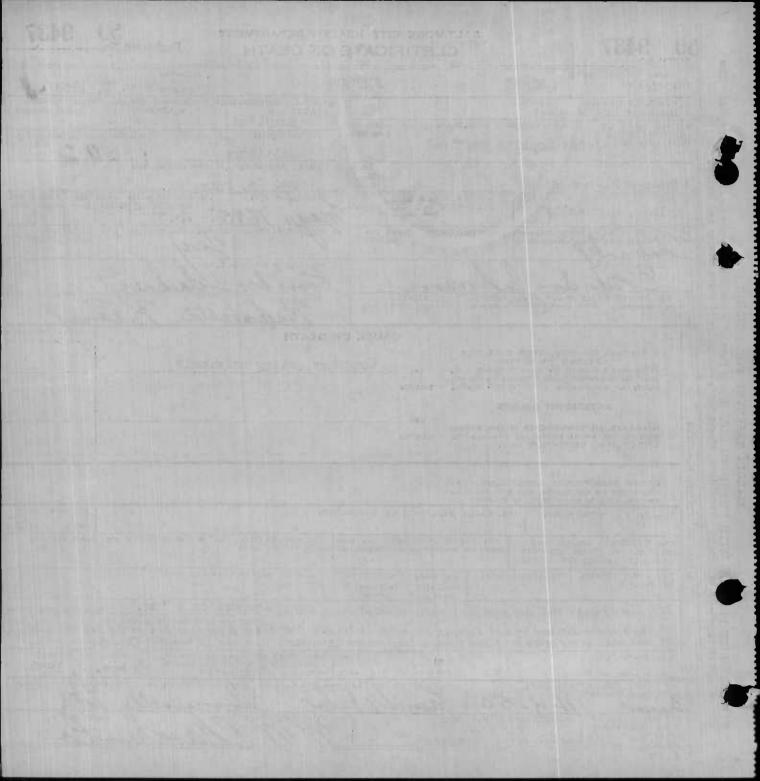
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	NAME OF D ype or Print)		ielding	3			2. DATE OF DEATH NOV	ember :	2, 1950
A.		City, Maryland	1881		4. USUAL RESIDE A. STATE New York	NCE (W	here deceased lived. If		: residence ore admissio
	FULL NAME			ion, give street address or location)		/T.C.	y -	(G	DAY
	STITUTION	U.S. Marine	-		C. CITT OK TOWN	(11)	outside corporate limi	ts, write RU	townsh
5	7	Baltimore 1	I, Mary		New York	TOO VICE			115
				yrs. Mos.	D. STREET ADDRE				
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ο.	Male	White	WIDOW	E, MARRIED, VED, DIVORCED (Specify) Tried	April 5, 18		9. AGE (In years last birthday)	f Under 1 Year onths Days	Hours M
10 vork	A. USUAL OC done doring most	CUPATION (Give kind of of working life, even if retired)		o of Business or INDUSTRY	11. BIRTHPLACE (S		reign country)	12. CITIZ WHA	EN OF T COUNTR USA
13	FATHER'S		900.	6	14. MOTHER'S MA	IDEN NA	ME		0025
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15 (Yan	. WAS DECEASE	D EVER IN U.S. ARME	D FORCES?	16. SOCIAL	17. INFORMANT		A	DDRESS	
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	18. 540.			CAUSE	OF DEATH				VAL BETWE
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4	19A. DATE C	F OPERATION 1	19B. MAJOR	FINDINGS OF OPER	ATION				AUTOPSY
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EDICAL	HOMICIDE	ENT, SUICIDE, (Specify)		ACE OF INJURY (e. g., in farm, factory, street, office bldg., e			f in Baltimore City,	give exact	location)
Σ		(Month) (Day) (Year	(Hour)	21E. INJURY OCCURRI	ED 21F. HOW DID	INJURY	OCCUR?		
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21				24c. NAME OF CEMETE		240 10	CATION (City, town	or county	-
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BALTIMORE CITY HEALTH DEPARTMENT Registered No CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE (Type or Print) **JOHNSON** HARRY DEATH NOV. 1, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence 3. PLACE OF DEATH: B. COUNTY A. Baltimore City, Maryland before admission) Maryland (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Johns Hopkins Hospital township) Baltimore Yrs. D. STREET ADDRESS (If rural, give loca Mos c. Length of stay in Baltimore Days Eutaw St. 6. COLOR OR RACE 7. SINGLE, MARRIED 9. AGE (In years | ff Under 1 Year | If Under 24 Hours last birthday) | Months; Days | Hours | Min. 8. DATE OF BIRTH WIDOWED DIVORCED White Male pino 6 10A USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) clearly 12. CITIZEN OF life, even if retired) INDUSTRY WHAT COUNTRY? information of death 15. WAS DECEASED EVER IN U.S. EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) 16. SOCIAL DDRESS (Yes, no or unknown) SECURITY NO. causes VAL BETWEEN 18. CAUSE OF DEATH ONET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Coronary artery sclerosis (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease. Every write injury or complication which caused death.) DUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. DING UNFADING Physicians: (C) .. ERTIFICA OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Ü 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY 19A. DATE OF OPERATION LY, WITH MEDICAL (If in Baltimore City, give exact location) 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID 21A. EXTERNAL CAUSE WAS INJURY OCCUR? about home, farm, factory, street, office bldg., etc.) UNDERLYING | OR CONTRIB-UTING [CAUSE OF DEATH. 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21F, HOW DID INJURY OCCUR? 21E. INJURY OCCURRED WHILE AT WORK 22. I certify that I took charge of the remains described above, held an Inspection & Inq. especial thereon and from Autopsy. Inspection or Inquiry WRITE the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes 🕱 accident 🖂, suicide 🗀, homicide 🗀, undetermined 🗀. 23A. SIGNATURE 238. CHIEF, MEDICAL EXAMINER 23c. DATE SIGNED ge ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR a BURIAL, CREMA-REMOVAL Specify DATE RECEIVED BY DIRECT LOCAL REGISTRAR S 151 51026

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50 9438 Registered No. B. COUNTY before admission) (If outside corporate limits, write RUBAL and give township) If Under 1 Year If Under 24 Hours last birthday) Months; Days Hours: Min. 10 12. CITIZEN OF WHAT COUNTRY? ADDRESS Tesso(Wife) 1017 E.Pratt St. INTERVAL BETWEEN ONSET AND DEATH 20, AUTOPSY (If in Baltimore City, give exact location) thereon and from

24D. LOCATION (City, town, or county)

Bluefield W.Va.

S FUNERAL DIRECTOR **ADDRESS**

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REGISTRAR'S SIGNATURE

DATE RECEIVED BY

LOCAL REGISTRAR

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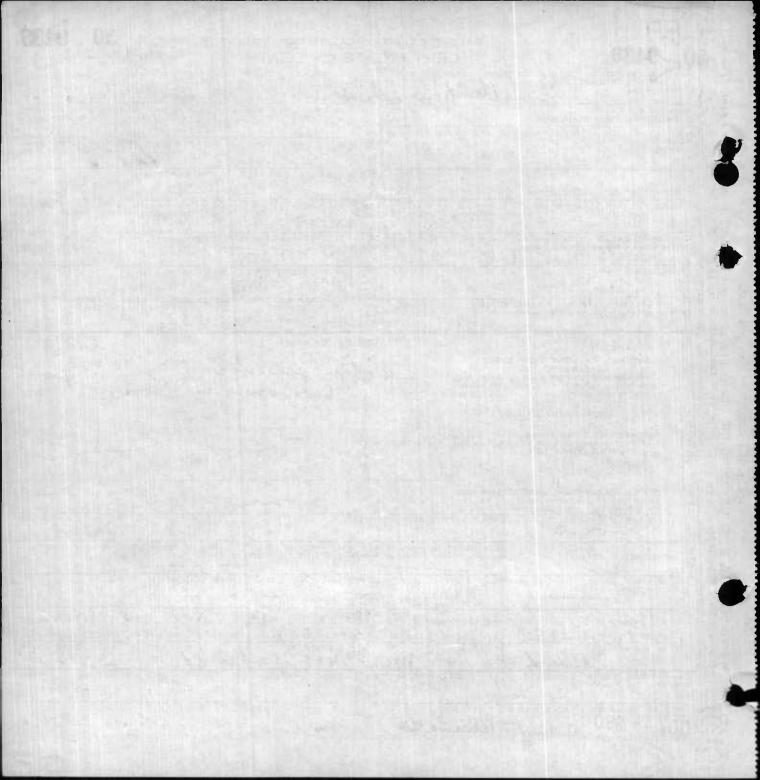
BALTIMORE CITY HEALTH DEPARTMENT

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1	MT.		

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Hovember 7 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) Legand (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR location) (If outside corporare limits, write BURAL and give C. CITY OR TOWN INSTITUTION Glandale Avenue township) Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 2377 Glendale avenue c. Length of stay in Baltimore Days 6. COLOR OR RACE 5. SEX 7. SINGLE, MARRIED 8. DATE OF BIRTH AGE (In years | H Under | Year | H Under 24 Hours | Hours | Min. 9. AGE (in years) WIDOWED, DIVORCED (Specify) arch 14, 1873 Pama Ta 10A. USUAL OCCUPATION (Givekind of) 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? Larvik, Morway orm home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julia Tingberg Wils Steen 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO Sylvia S. Boileau, 2311 Glandale Ave. INTERVAL BETWEEN 18. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY EDICAL 2 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE ATT NOT WHILE! 1950, to / Nov , 1950, that I last saw the 22. I hereby certify that I attended the deceased from Aug 2 deceased alive on 30 00, 19,50, and that death occurred at 600 a.m., from the causes and on the date stated above. 238. ADDRESS 23A. SIGNATURE 23C. DATE SIGNED 24A. BURIAL. CREMA-248, DATE AME SP CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) TION, REMOVAL (Specify) Par'ville, ADDRESS DATE RECEIVED BY 25. FUNERAL DIRECTOR

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BALTIMORE CITY HEALTH DEPARTMENT

Registered No. CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) Julia Daidone or Di Peppe Nov. 2nd 1950 DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, if institution; residence A. Baltimore City, Maryland 2801 E. Biddle St. B. COUNTY before admission) (If not in hospital or institution, give street address or Md. B. FULL NAME OF HOSPITAL OR location' C. CITY OR TOWN (If outside corporate limits, write RURAL and give INSTITUTION Raltimore-D. STREET ADDRESS (If rural, give location) Yrs. Mos. 35yrs c. Length of stay in Baltimore 2801 E. Biddle St. Davs 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 9. AGE (In years | Munder | Year | Munder 24 Hours last birthday) | Months: Days | Hours: Min. 8. DATE OF BIRTH If Under 24 Hours Female 29 White Married March 13 1887 10A. USUAL OCCUPATION (Givekindof) 10B, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) INDUSTRY WHAT COUNTRY? House wife Home Bucchianico Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Camillo Cucchia Margherita Masciulla 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or anknown) (If yes, give war or dates of service) SECURITY NO Elizabeth Di Peppe 2801 Biddle St. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C) ERTII 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED U TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 19A. DATE OF OPERATION may 19 DIC 21A. ACCIDENT, SUICIDE, 218. PLACE OF INJURY (e.g., in or 21c. WHERE DID (If in Batimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? Ш 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE AT WORK WORK 19 Ethat I last saw the 22. I hereby certify that I attended the deceased from [D] 19.50, and that death occurred at. deceased alive on. .m., from the causes and on the date stated above. 284. SIGNATURE 23B. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 24B. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION Holy Redeemer Cemetery Nov.4th 4430 Belair Rd. Balt.Md DATE RECEIVED BY HEESTRAND NOV 4 - 1950 ADDRESS

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 Registered No. 9441

1. NAM (Type or	E OF DECEAS		ie L.	Morrow		2. DATE. OF DEATH NOV	. 3, 1950
A. Balt		Maryland 36		awk Ave. tion, give street address of	A. STATE	NCE (Where deceased lived, I B. COUNTY	f institution : residence before admission)
HOSPIT	ITION	rson Nurs	ing Ho	location)	c. CITY OR TOWN Baltimore,		ts, write RURAL and give township)
c. Lens	eth of stay in	Baltimore	1:	ife Yrs. Mos. Days	D. STREET ADDRES	SS (If rural, give location)	
5. SEX		ite	7. SINGL WIDOV Sing	E. MARRIED. YED, DIVORCED (Specify	8 DATE OF BIRTH	look hinth down M	onths Days Hours Min.
10A. US	UAL OCCUPATION OF THE COLUMN TEACH	TION (Give kind of glife, even if retired)	Publ:	of Business or industry		cate or foreign country)	12. CITIZEN OF WHAT COUNTRY
	HER'S NAME	row			14. MOTHER'S MAIN		V
15, WAS (Yes, no or	DECEASED EVE	R IN U. S. ARMED	FORCES? of service)	16. SOCIAL SECURITY NO.	17. INFORMANT James S. Morr		Arms Ave.
RTIFICATI	ISEASES OR COME TO THE ABOUT THER SIGNIF	CEDENT CAUS CONDITIONS, II DVE CAUSE (A) CONDITION LA	FANY, GIVII STATING T ST.	(c) Arter		indro me	
TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPS						20. AUTOPSY?	
YES NO 21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about home, form, factory, street, office bldg., etc.) 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?							
21D, TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK AT WORK							
22. I hereby certify that I attended the deceased from 19 Quyust, 1949, to 3 Nov, 1950, that I last saw deceased alive on 2 Nov, 1950, and that death occurred at 3 300mm, from the causes and on the date stated ab						I, that I last saw the	
20A	SIGNATURE	e Lock			802 Cathedral		23c. DATE SIGNED 4 Nov, 1950.
24A. B TION. RE	URIAL, CREMA MOYAL (Specify) IAL	11/6/50		24c. NAME OF CEMETE Woodlawn	RY OR CREMATORY	Woodlawn, Md.	n, or county) (State)
NOV	REGISTRAR 4-1950	REGISTRAR'	S SIGNATI	Lieute, Maria	John O. Mite		Eutaw Place
V.	S 150		.1	0938			Eutaw Place

Mr. J. D. Lockard

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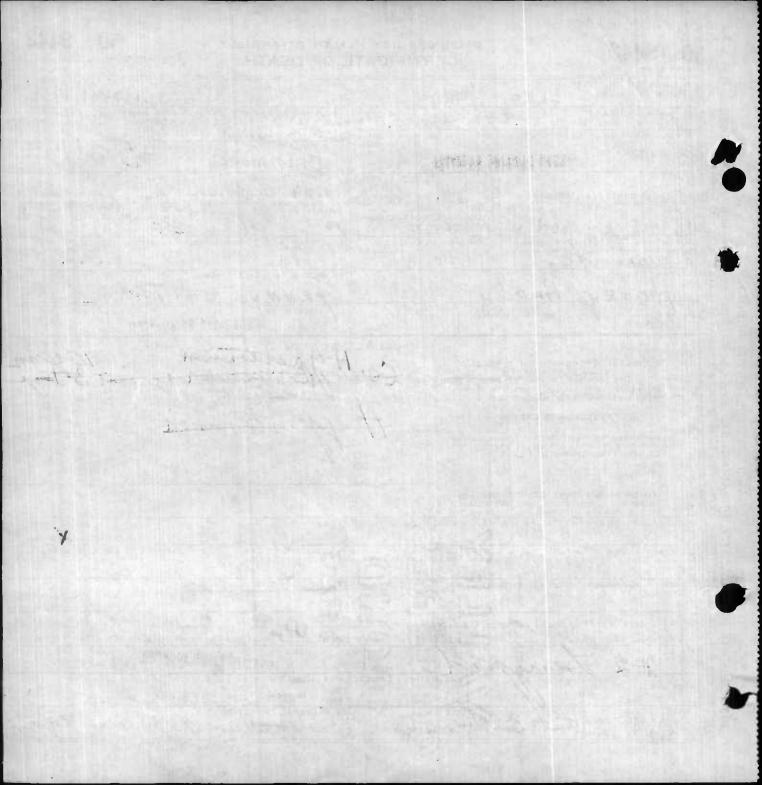
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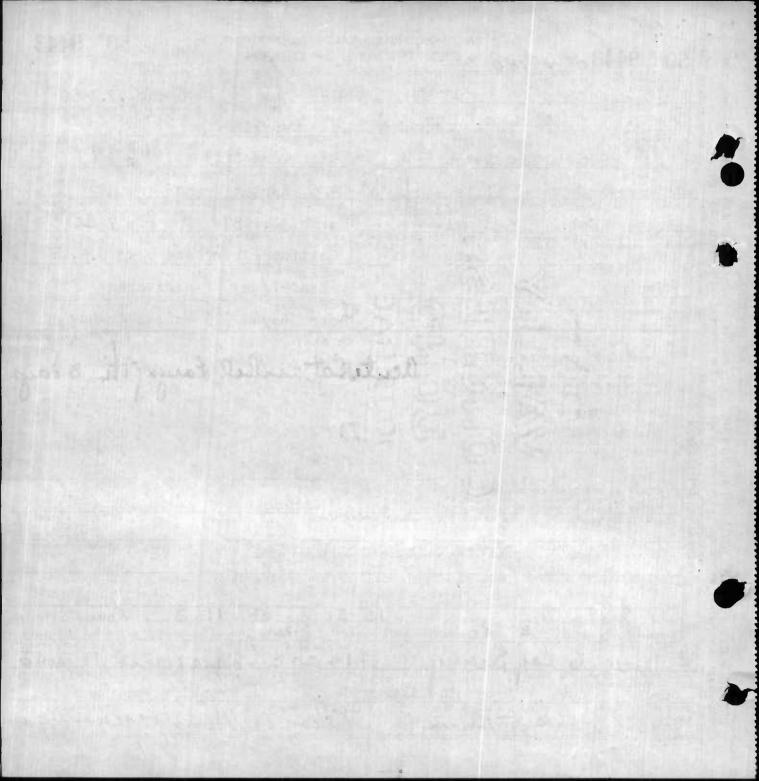
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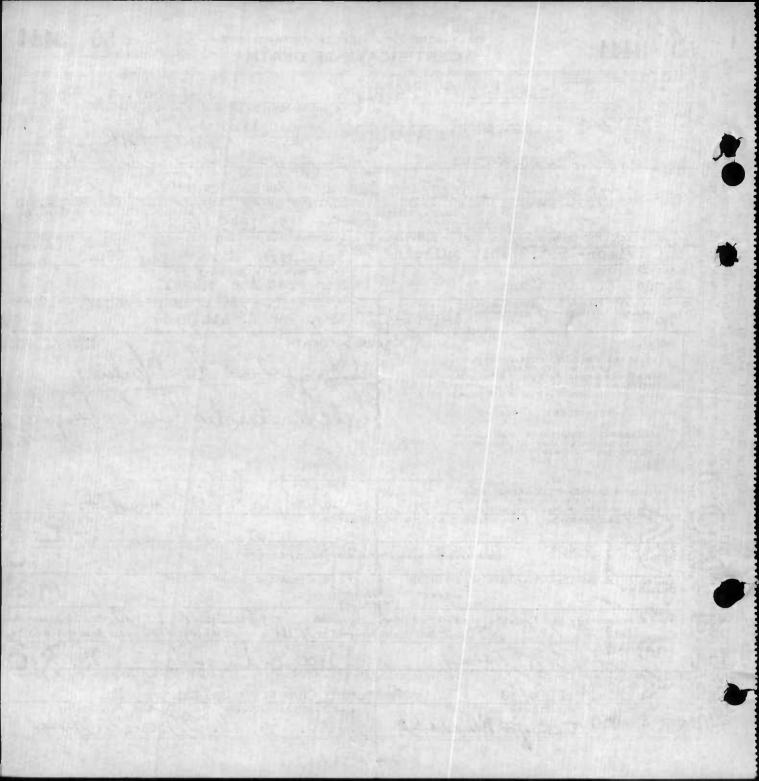
BALTIMORE CITY HEALTH DEPARTMENT

9442 50 Registered No.

В	RTH NO.	CERTIFICATI	E OF DEATH	registered 110.	
1.	NAME OF DECEASED	11		2. DATE	
(1	ype or Print)	HARDY		DEATH NOV	1,7,10
	PLACE OF DEATH: Baltimore City, Maryland	OSL. 4Balto. City	4. USUAL RESIDENCE ()	Where deceased lived, If ins B. COUNTY	titution : residence before admission)
В.	FULL NAME OF (If not in hospit	al or institution, give street address or	MARYLAND		0.1
	OSPITAL OR ISTITUTION	location)	0 V	outside corporate limits,	rice MURAL and give township)
2	NO SAMO	THIS HOSPITAL	BALTIMORE		bownship,
7	9	Yrs. Mos.		rural, give location)	
-	Length of stay in Baltimore	20 Yrs. Days	609 ASQUI	TO ST.	La I Vene M Hadas 24 Name
F	EMALE COLORED	7. SINGLE, MARKITED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years H Und last birthday) Month	ns Days Hours Min.
1C	A. USUAL OCCUPATION (Give kind of done during most of working) re, even if retired)	. INDUSTRY	11. BIRTHPLACE (State or f	oreign country) 12	CITIZEN OF
1	susewife	At Home	Va	U	S.A. COUNTRY?
13	FATHER'S NAME	/	14. MOTHER'S MAIDEN N	AM5	
	HENRY HAR	du	FENNV	ami/h	
(Ye	MAS DECEASED EVER IN U. S. ARMEI B. DO OT UDADOWD) NO	D FOR (ES? 16. SOCIAL SECURITY NO.	17 NFORMANT	OFERS EOSPITAL	RESS
	18. 444 X	CAUSE	OF DEATH	-	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY	Hyperton	real	Wyen
	(This does not mean the mode	TH of dying, e.g., (A)	by the Varia	los	73th
	heart failure, asthenia, etc. It med injury or complication which	caused death.) DUE TO			
	ANTECEDENT CAU	SES 44	1111 +		
NO		(B)	yerten	sen	
	DISEASES OR CONDITIONS,	STATING THE DUE TO	111		
RTIFICAT	UNDERLYING CONDITION L	AST.	/ /		
E	11	_(C)	······································		
ER	OTHER SIGNIFICANT COND				
Ü	TO THE DISEASE OR CONDITION	CAUSING IT	A-44		
AL	19A. DATE OF OPERATION	9B. MAJOR FINDINGS OF OPER			YES NO
EDICAL	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (etc.) INJURY OCCUR?	If in Baltimore City, give	e exact location)
Σ	21D. TIME (Month) (Day) (Year	(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJUR	Y OCCUR?	
	OF INJURY	m. WHILE AT NOT WHILE			
	22. I hereby certify that I at	1.0	-22, 1950, to red at 730 m., from t	11-1 1050	that I last saw the
	deceased alive on 11-1	_, 1950, and that death occur	red at 730 Am. from t	the causes and on the	
	23A. SIGNATURE		3B. ADDRESS		23c. DATE SIGNED
	no dans	Months M.D.	HERS HOP	King Baselian,	
2. TI	4A. BURIAL, CREMA- ON, REMOVAL (Specify)	24c. NAME OF CEMETE		OCATION (City, town, or	
	Burial II/4//			oklyn Maryla	
D	ATE RECEIVED BY REGIST AR	S SIGNATURE	Choy O. Wilso	a 1000 Bis	ently auf







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BALTIMORE CITY HEALTH DEPARTMENT

Registered No

before admission)

township

If Under 24 Hours

WHAT COUNTRY?

12. CITIZEN OF

CERTIFICATE OF DEATH BIRTH NO 1. NAME OF DECEASED 2. DATE (Type or Print) ROBERT LAURENCE HARRIS Nov. 2, 1950 OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY Md. B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR c. CITY OR TOWN location) (If outside corporate limits, write RURAL and give INSTITUTION Baltimore 316 Broadmoor Rd. Yrs. D. STREET ADDRESS (If rural, give location) Mos. 316 Broadmoor Rd. c. Length of stay in Baltimore Days 9. AGE (In years | If Under 1 Year | If Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED. WIDOWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH male white July 24, 1884 widowed 10A. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) work done during most of working life, even if retired) INDUSTRY Architect Maryland CONS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John L. Harris, Sr. Mary Jane Calder 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Mrs. Edward Funk, Jr. 316 Broadmoor Rd. Jo CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES INK. ATIO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. UNFADING Physicians: 1 RTIFIC 11 OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED ш TO THE DISEASE OR CONDITION CAUSING IT. 198. MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21B. PLACE OF INJURY (e.g., in or (If in Baltimore City, give exact location) 21c. WHERE DID 21A. ACCIDENT WAS UNDERabout home, farm, factory, street, office bldg., etc.) INJURY OCCUR? LYING OR CONTRIBUTING CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE! , 19 to 1//2/50 , 19 , that I last saw the 1943 22. I hereby certify that I attended the deceased from. WRITE | deceased alive on 1/2/50, 19 and that death occurred at 2 P m., from the causes and on the date stated above, 23A. SIGNATURE 23B. ADDRESS runc E W 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE 24c. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county)

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Burial

DATE RECEIVED BY

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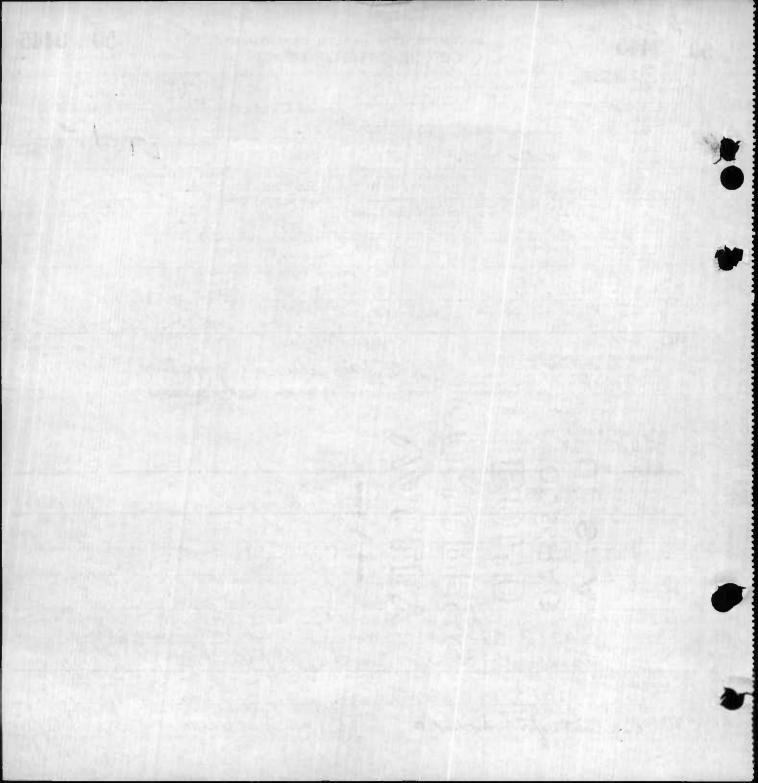
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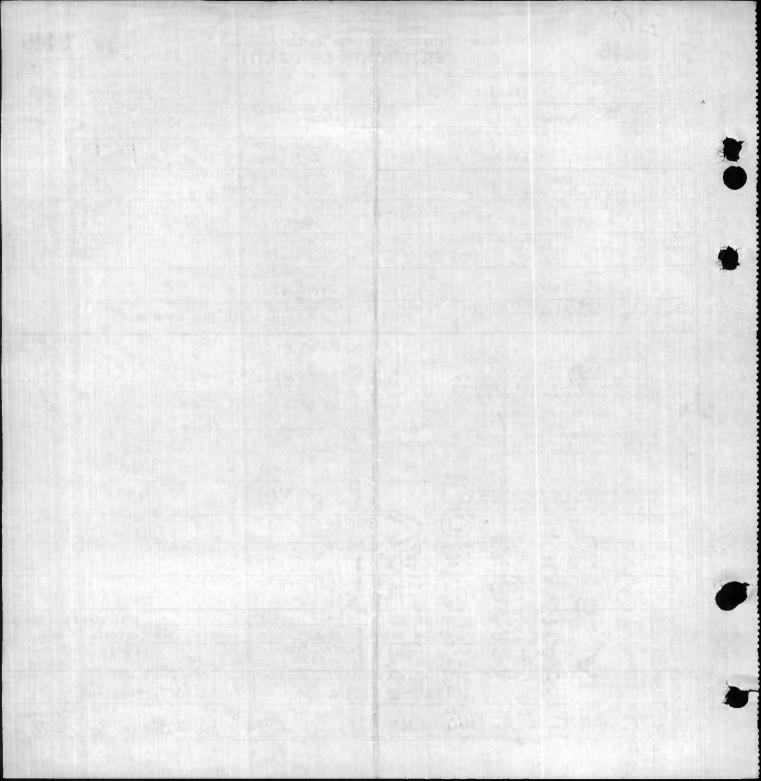
23c. DATE SIGNED



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BALTIMORE CITY	HEALTH	DEPARTMENT
CERTIFICA	TE OF	DEATH

# "	320	•		0.440
5	9446 BALTIMORE CITY HE CERTIFICATI		Registered No.	9446
	NAME OF DECEASED Type or Print) BESSIE DATCH	2	OF November	r 3,1950
A	PLACE OF DEATH: Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (When A. STATE Maryland		
H	OSPITAL OR NSTITUTION 4918 Poe Affenue		side cor orate mita/w	te RURAL and give township)
	Yrs. Mos. Days	D. STREET ADDRESS (If rura 4918 Poe Avenue	al, give location)	
5	female white Narried (Specify)	8. DATE OF BIRTH 9	AGE (In years Under last hirthday) Months	Days Hours Min.
wo	OA. USUAL OCCUPATION (Givekindof Redoneduring most of working life, even if retired) NOUSEWIIE OWN home	11. BIRTHPLACE (State or foreign		CITIZEN OF
1	Joseph Pinchesky	14. MOTHER'S MAIDEN NAME Sareh ??	3	
1 (Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? on, no or unknown) (If you, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT Mex Datch- 4918 Por	e Avenue Addri	ESS
RTIFICATION	injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	pertersive Can Nend Vacular		10 year
L CE	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION		20. AUTOPSY?
EDICA	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., e		n Baltimore City, give e	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI OF INJURY WHILE AT NOT WHILE M. WORK NOT WHILE AT WORK		CCUR?	
	deceased alive on 11 (2 , 19 32 , and that death occur	3B. ADDRESS	causes and on the do	at I last saw the ate stated above. c. DATE SIGNED
2	4A. BURIAL, CREMA- ON, REMOVAL (Specify) Burial 11/5/50 Shearei Tfi		ation (City, town, or co	unty) (State)
	NOV 4 - 1950 REGISTRAR'S, SIGNATURE	25. FUNERAL DIRECTOR	+Bus W	Mattua
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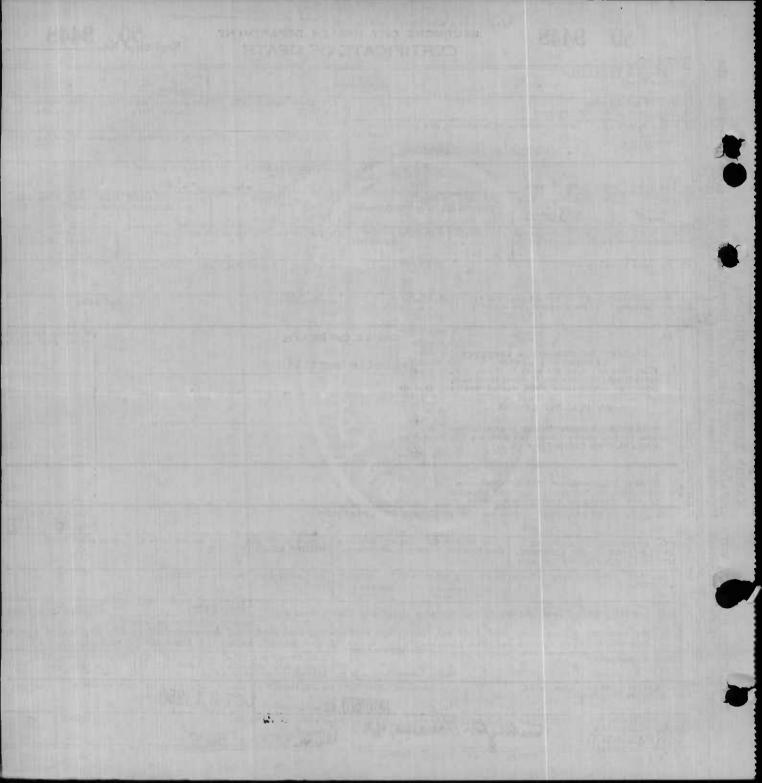


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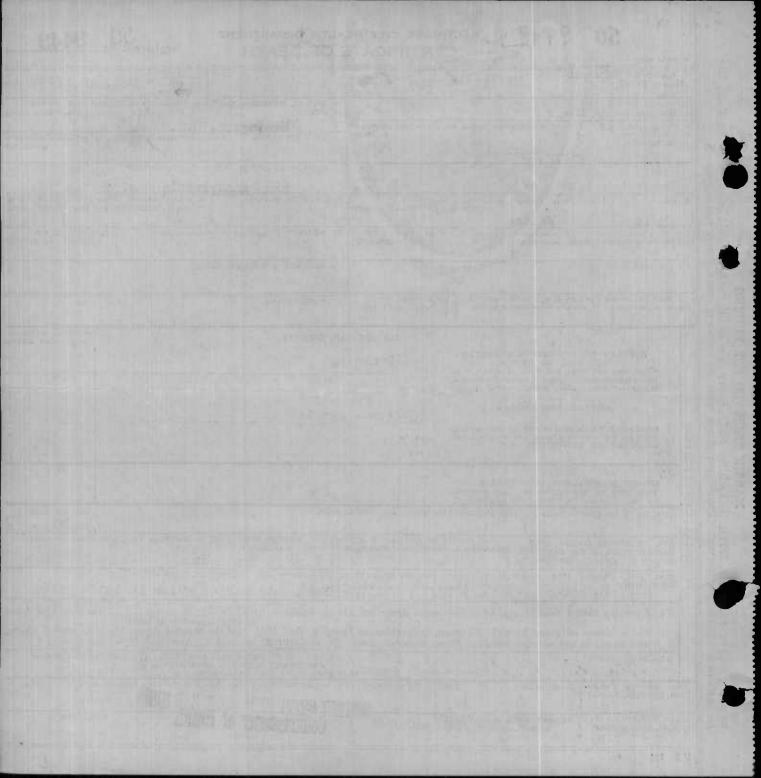
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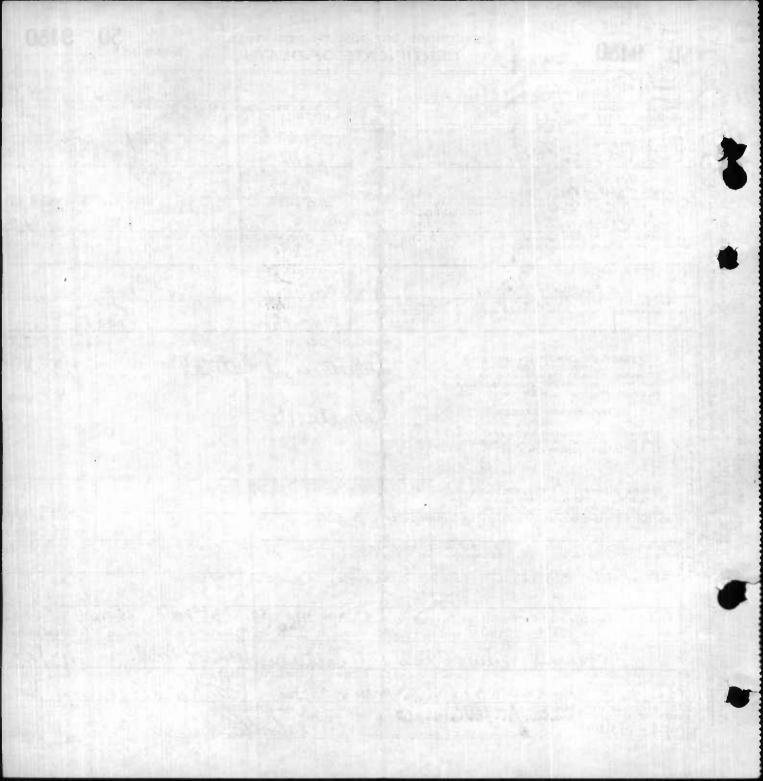
Oct. 16, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, write RURAL and give D. STREET ADDRESS (If rural, give location) 623 Pennsylvania Ave 9. AGE (In years It Under 1 Year | It Under 24 Hours last birthday) Months: Days Hours Min. If Under 24 Hours 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY (If in Baltimore City, give exact location) into harbor while in intoxicated condition thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes □, accident ₺, suicide □, homicide □, undetermined □. 238. CHIEF MEDICAL EXAMINER..... 23c. DATE SIGNED ASSISTANT MEDICAL EXAMINER... 24D. LOCATION (City, town, or county) ADDRESS 4 =

FOR RESERVED



BINDING of informati

RESERVED



UNFADING INK. Every item of informatic should be carefury supplied. The Physicians: please write the causes of death clearly and legibly.

PLE SE WRITE PI (LY, WITH correct age is especially important.

MARGIN RESERVED FOR BINDING

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BALTIMORE CITY HEALTH DEPARTMENT

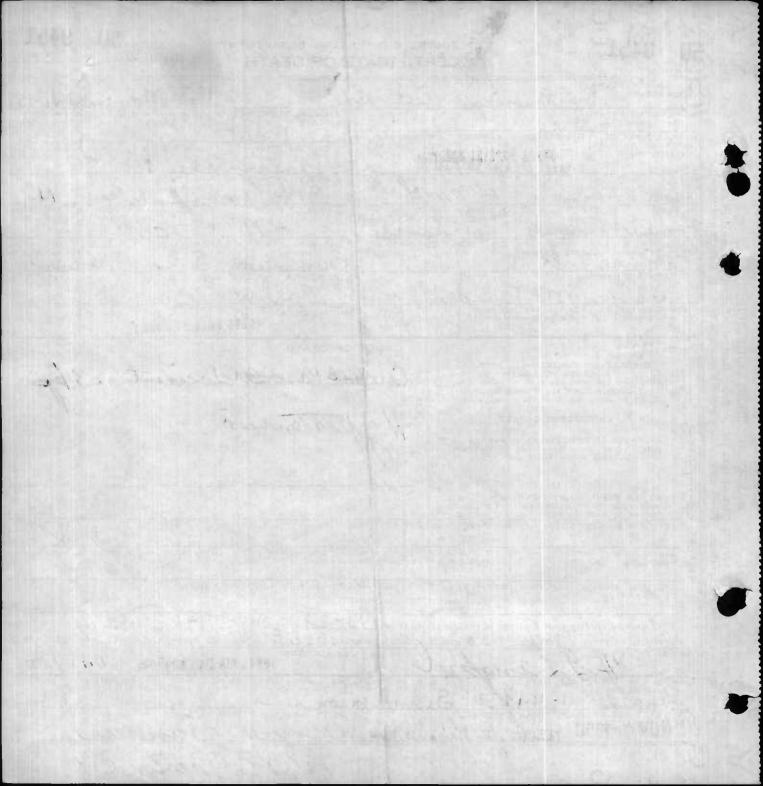
Registered No___

ВІ	RTH NO.	CERTIFICAT	E OF DEATH	Registered N	0
1. (T	NAME OF DECEASED type or Print)	a. Oline	70	2. DATE OF DEATH YOU	ember 1957
	PLACE OF DEATH: Baltimore City, Maryland		4. USUAL RESIDENCE	(Where deceased lived. If i	nstitution : residence before admission
H	FULL NAME OF (If not in hospital or ins DSPITAL OR STITUTION	stitution, give street address or location)		(If outside corporal e limit)	, waite RURAL and giv township
1	LOUIS HOPKIAS	KOSPITAL	13allen	une 10	
c.	Length of stay in Baltimore	Month Mos.	D. STREET ADDRESS	(If rural, give logation)	me, N.
5. J	SEX 6. COLOR OR RACE 7. SII	NGLE, MARRIED, DOWED, DIVORCED (Specify)	8. DATE OF BIRTH		Under 1 Yeer H Under 24 Hours https://dx.doi.org/10.1001/19.
10 worl	done during most of working life even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME		14. MOTHER'S MAIDEN	N NAME	4.5.4.
	Jako ma Bri	ido,	5 allow		
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCE (If yee, give war or dates of servi	16. SOCIAL SECURITY NO.	17. INFORMANT	S HOPKIRS HOSPITE	DDRESS
RTIFICATION	DISEASE OR CONDITION DIRECT LEADING TO DEATH (This does not mean the mode of dying heart failure, asthenia, etc. It means the cinjury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATIN UNDERLYING CONDITION LAST.	g, e. g., (A) Cerela disease, death.) DUE TO GIVING (B) (B) (C) (C)	of DEATH al Vascular berlenses	Accident	NTERVAL BETWEE
CER	OTHER SIGNIFICANT CONDITIONS TRIBUTING TO THE DEATH, BUT NOT R. TO THE DISEASE OR CONDITION CAUS	ELATED			
AL	19a. DATE OF OPERATION 19B. MA	JOR FINDINGS OF OPER	RATION		20. AUTOPSY?
IEDICAL		. PLACE OF INJURY (e. g., i home, farm, factory, street, office bldg.,		(If in Baltimore City, g	ve exact location)
Σ	21b. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURR WHILE AT NOT WHILE MORK AT WORK	ED 21F, HOW DID INJ	URY OCCUR?	
	22. I hereby certify that I attended		, , , , ,	1)-1, 1950	that I last saw th
	23A. SIGNATURE	11	rred at 5 m., fro	m the causes and on th	e date stated above
alca	REMOVAL (Specify)	Summer	+ 00	D. LOCATION (City, town,	or county)/ (State)
L	** NOV 4 1 1950	- Williams was	Pacinon	claudo	11

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BALTIMORE CITY HEALTH DEPARTMENT

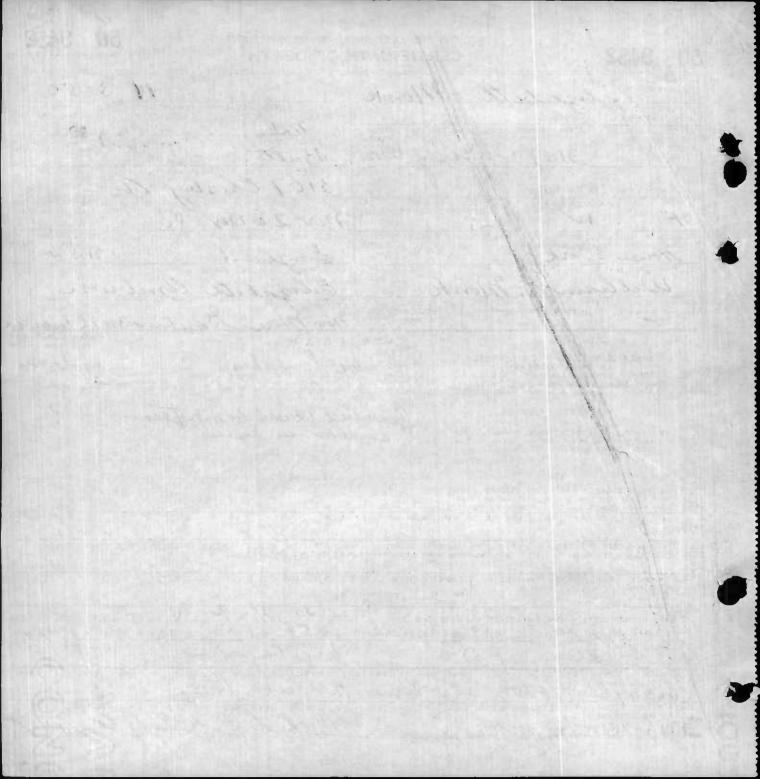
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DE CERTIFICAT	E OF DEATH	
DECEASED Monke	2. DATE OF DEATH // - 3	-50
e City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If inst A. STATE B. COUNTY	itution : residence before admission)
ME OF (If not in hospital or institution, give street address or logation)	c. CITY OR TOWN (If outside corporate limits to	
3/0/ Catally leve	Balts. L1	township)
f stay in Baltimore Yrs. Mos. Days	3107 Chesley Ch	
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	18. DATE OF BIRTH 9. ASK (In year) Months Months	1 Yesr H Under 24 Hours Days Hours Min.
OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY		CITIZEN OF WHAT COUNTRY?
Elean H. Mork	Elizabeth ambre	ose
EASED EVER IN U. S. ARMED FORCES? (If yee, give war or dates of service) 16. SOCIAL SECURITY NO.	Mrs Mac Sandner 310	2 Charley Gor
CAUSE	OF DEATH	INTERVAL BETWEEN
EASE OR CONDITION DIRECTLY LEADING TO DEATH does not mean the mode of dying, e.g., ailure, asthenia, etc. It means the disease, or complication which caused death.) DUE TO	mel hemorrhoge	10/80/50
ANTECEDENT CAUSES	lined Asternaliste Una cateraine	7
SES OR CONDITIONS, IF ANY, GIVING THE ABOVE CAUSE (A) STATING THE DUE TO CRLYING CONDITION LAST.	lined artemoderates Hypestensins	
(C)		
R SIGNIFICANT CONDITIONS CON- TING TO THE DEATH, BUT NOT RELATED E DISEASE OR CONDITION CAUSING IT.		
E OF OPERATION () 198, MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY?
IDENT, SUICIDE. 21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,	n or 21c. WHERE DID (If in Baltimore City, give etc.) INJURY OCCUR?	exact location)
E (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR RY WHILE AT NOT WHILE		
m. WORK AT WORK AT WORK	ine 30 1943, to how. 3 , 1950, t.	hat I last saw the
d alive on hov. 3 . 1950 and that death occu		
		3c. DATE SIGNED
L. (REMA- 24B. DATE 24C. NAME OF CEMETE 1/5/50 St. James		county) (State)
ISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR BILLIA	DDRESS LAND

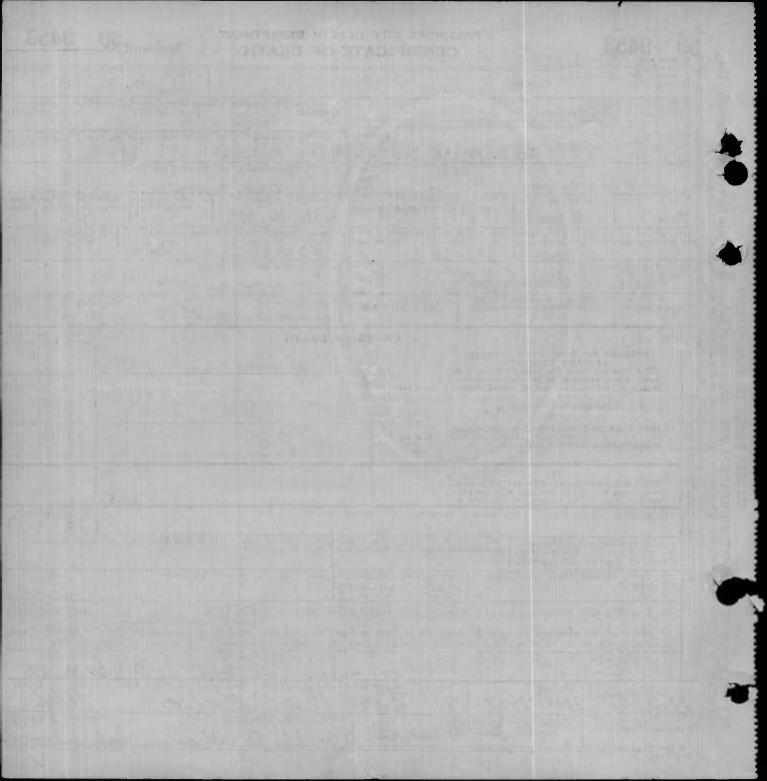
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1	Q15	2			HEALTH DEPARTMEN	• •	50 9453
BI	RTH NO.	80-21945	C	ERTIFICAT	TE OF DEATH	Registere	ed No.
	NAME OF D	Dann	у	DIG	IGS	2. DATE OF Oct	. 31, 1950
	PLACE OF D	City, Maryland			4. USUAL RESIDENCE	(Where deceased live	d. If institution: residence before admission
8.	FULL NAME		al or institution	n, give street address	or Maryla	and	
	SPITAL OR	725	TAT TO		C. CITT OR TOWN		imits, write RURAL and giv township
30	16.3	127	W. Faye	tte St.	Baltimo		
C.	Length of s	tay in Baltimore	Life	Mos Day			
1	SEX	6. COLOR OR RACE	7. SINGLE.	MARRIED.	8. DATE OF BIRTH	9. AGE (In year:	s If Under 1 Year It Under 24 Hour
N	fale	Colored	WIDOWE	D, DIVORCED (Special	" Oct. 16,195	last birthday)	Months Days Hours Min
		CUPATION (Give kind of of worklog life, even if retired)	108, KIND (OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
13	FATHER'S	4 41	1 -		14. MOTHER'S MAIDEN	000	17
	Joule	it isast	rins.		Emma	Diggs.	
15 (Yes	. WAS DECEAS	ED EVER IN U.S. ARMED (If yes, give was or dates	FORCES? s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Emma Dig	gs. 725 W. O	ayette St.
	18. 76	3.0		CAUSE	OF DEATH		INTERVAL BETWEE
	DISEA	SE OR CONDITION	DIRECTLY				
	heart failt	s not mean the mode of are, astbenia, etc. It mea complication which of	of dying, e.g., ns the disease,	(A) Int	erstitial Pneumo	nia	
П		ANTECEDENT CAUS	ES				
7	DISEASE	S OR CONDITIONS, II		(8)	***************************************		***************************************
<u> </u>	RISE TO T	THE ABOVE CAUSE (A) YING CONDITION LA	STATING THE				
LA C	ONOLITE	THIS CONDITION LA		(C)			***************************************
RTIFIC	OTHER	11	TIONS CON				
RT	TRIBUTING	SIGNIFICANT CONDI S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELATED				BUILDER
CE				INDINGS OF OPE	RATION		20. AUTOPSY?
AL		7					YES NO
EDIC/	UNDERLYIN	NAL CAUSE WAS G OR CONTRIB- CAUSE OF DEATH.	218. PLAC	E OF INJURY (e. g. m,factory,atreet,office bldg	, in or 21C. WHERE DID INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)
Σ	21d. TIME OF INJURY	(Month) (Day) (Year)	WH	E. INJURY OCCUR	E	URY OCCUR?	
	22. I certi	fy that I took char			above, held an Aut	opsy	thereon and from
	the ev	idence obtained by	said Autop	sy, Inspection or	Autop Inquiry, find that said tes ဩ, accident □, suice	sy, Inspection or Inquil deccased died on ide	the day stated above
	23A. SIGNA		A Tesucou ji	m. nacurae cans	23B. CHIEF MEDICA	AL EXAMINER	23c. DATE SIGNED
	Ate	enley 8. A	June	och	M.D. MEDICAL INVESTIG	GATOR	Oct. 31, 1950
710	A. BURIAL.	CREMA- 248. DATE	750 9	MAYE SCEMET	1 PM 2	LOCATION City, to	own, or county) (State)
	ATE RECEIVE			F. 0	25. FUNERAL DIRECTO	OR	ADDRESS 312 N
	ALOU I	RAR Partie	afor 14h	llance, Ala	Mrs Katie R. W	/allians	Schroeder St
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5	correct age is especially important. Physicians: please write the causes of death clearly and legibly.	
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9454 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE (Type or Print) DEATH Oct. 28, 1950 Odia Bond 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY before admission) A. STATE Maryland B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR Baltimore City Hospitals location C. CITY OR TOWN (If outside corporate limits) welle RURAL and give township) 4940 Eastern Avenue Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Life Mos. 1403 Harford Avenue c. Length of stay in Baltimore Days AGE (In years | H Under | Year | H Under 24 Hours | Last birthday) | Months | Days | Hours | Min. 7. SINGLE, MARRIED. WIDQWED, DIVORCED (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years) Mala Negro Separated April 11. 1884 10A. USUAL OCCUPATION (Givekind of 11. BIRTHPLACE (State or foreign country) 108, KIND OF BUSINESS OR 12. CITIZEN OF work done during most of working life, even if retired) WHAT COUNTRY? Maryland abaken 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joshua Bond Harriet Bond 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO Records: B. C. H. 4940 Eastern Avenue NTERVAL BETWEEN 20.0 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY over two LEADING TO DEATH Polycystic Kidneys Bilateral years (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CONover 2 TRIBUTING TO THE DEATH, BUT NOT RELATED Arteriosclerosis Heart Disease years. TO THE DISEASE OR CONDITION CAUSING IT. 198 MAJOR FINDINGS OF OPERATION 19A. DATE OF OPERATION 21c. WHERE DID (If in Baltimore City, give exact location) 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in or | HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? 21E. INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE

AT WORK

8-30

deceased alive on 10-28 1950 and that death occurred at 10:50Am., from the causes and on the date stated above. 23A, SIGNATURE

22. I hereby certify that I attended the deceased from_

238 ADDRESS

199, to 10-28

23c. DATE SIGNED

24A, BURIAL, CREMA-TION, REMOVAL (Specify)

4940 Eastern Avenue 24D. LOCATION (City, town, or county) 24C. NAME OF CEMETERY OR CREMATORY

_. 1950, that I last saw the

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE You and My

WORK

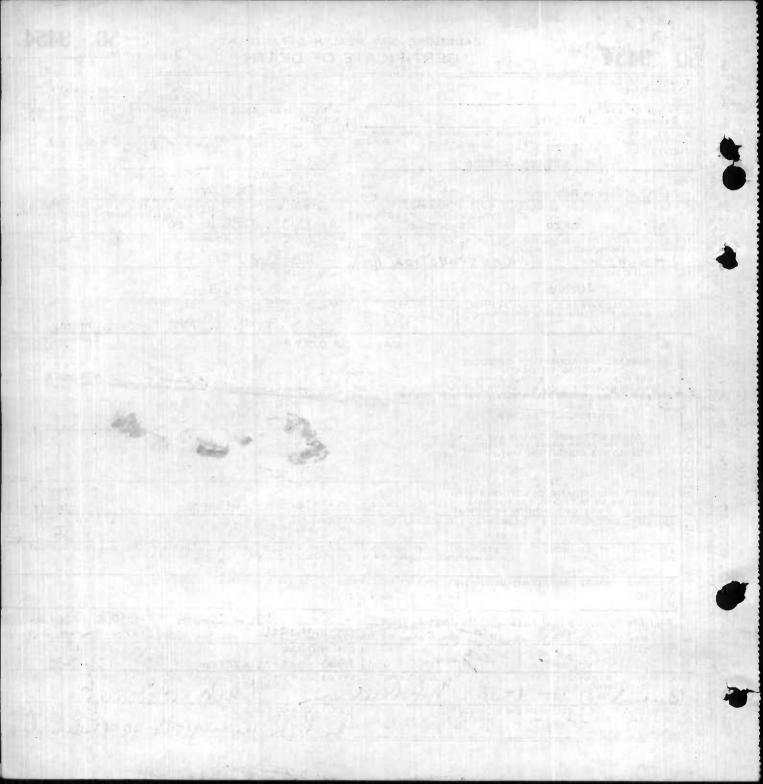
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25. FUNERAL DIRECTOR

ADDRESS

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	PL	ecially
•	PLEASE WRITE PL LY, WITH UNFADING INK. Every	correct age is especially important. Physicians: please write th

BALTIMORE	CITY	HEAL	LTH	DEPARTMENT
CERTIF	FICA	TE	OF	DEATH

Sh	9455 BALTIMORE CITY HE CERTIFICATE		9455
1.	IRTH NO. NAME OF DECEASED Type or Print)	2. DATE OF No.	7 1050
	Dora Hooven	4. USUAL RESIDENCE (Where deceased lived. If institute	
	Baltimore City, Maryland FULL NAME OF (If not in hospital or institution, give street address or	A. STATE B. COUNTY	before admission)
H	OSPITAL OR location)	c. CITY OR TOWN (If outside corporate limits, wr	ite WURAL and give township)
. 1	6213 Danville Ave.	B altimore	township)
and legibly	Yrs. Mos.	D. STREET ADDRESS (If rural, give location)	
5 5	Length of stay in Baltimore T.ife Days SEX 6.COLOR OR RACE 7.SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under	
	female white widowed	Anril 18,1866 84	Days Hours Min.
10	female white widowed A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR k done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF
-	at home	Baltimore	WHAT COUNTRY
1:	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
deatl	Philip Beck	not known	
(Y	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yee, give war or dates of service) SECURITY NO.	17. INFORMANT ADDR	
-		Mrs.R.C.McNew 6213 Danvill	NTERVAL BETWEEN
NO	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B)	reteriorduses, dernis	NOUS
IFICATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. (C)		/
CERT			
L	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY?
EDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in about home, farm, factory, street, office bldg., et	or 21c. WHERE DID (If in Baltimore City, give INJURY OCCUR?	exact location)
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED WHILE AT NOT WHILE AT WORK AT WORK		
	22. I hereby certify that I attended the deceased from		at I last saw the
			ate stated above.
	deceased alive on M, 19 , and that death occur		C. DATE SIGNED
		33 Windella are Dondal MA	C. DATE SIGNED
2	23A. SIGNATURE WAS BURIAL, CREMA-1 24B. DATE 124C. NAME OF CEMETER	33 Windellalloe Donall VA	11/3/50.
T	23a. SIGNATURE 44a. BURIAL, CREMA- 10N. REMOVAL (Specify) Burial Nov. 6, 1950 Mt. Carmel	RY OR CREMATORY 24D. LOCATION (City, town, or constitution) Baltimore	ounty) (State)
T	23A. SIGNATURE AA. BURIAL, CREMA- ION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or constitution) Baltimore	11/3/50.

Dr andrew Dan glack on THE REPORT OF THE PARTY OF THE PARTY. WALL DESCRIPTION STORY 9456

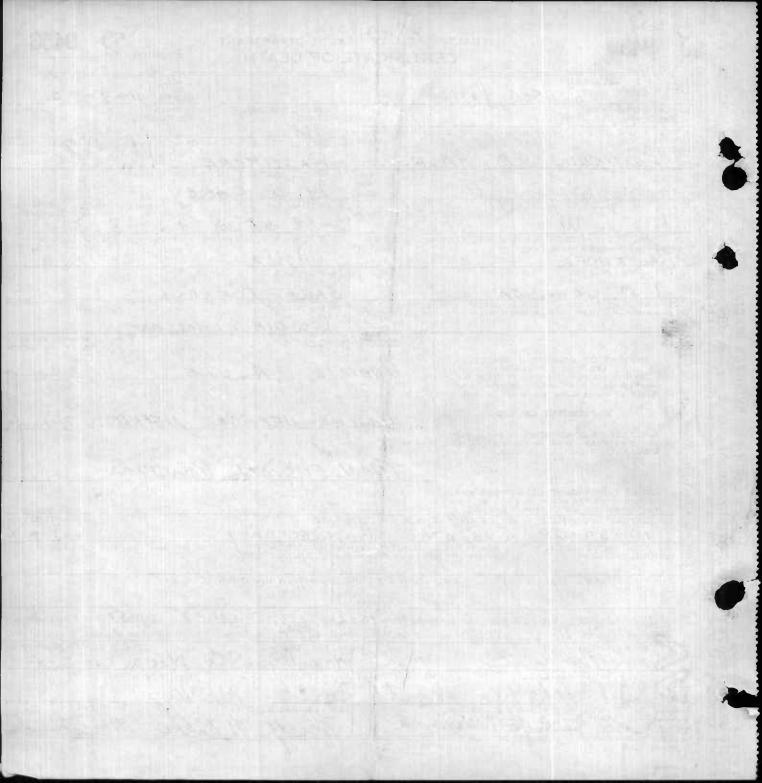
BALTIMORE HEALTH DEPARTMENT CERTIFICATE OF DEATH

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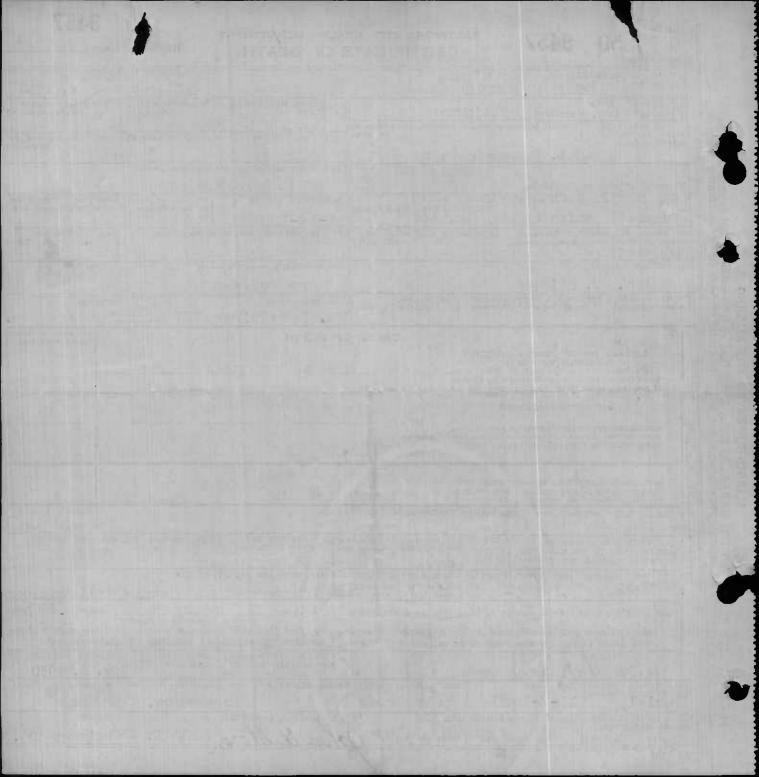
E	IKIH NO.	
1 (2. DATE OF // - 2 - 5 0
SPLACE OF DEATH A. BEILIMOTE CITY, Maryland SPULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital or institution, give street address or location) I G. CITY OR TOWN (If outside corporation) FULL NAME OF (If not in hospital or institution, give street address or location) FULL NAME OF (If not in hospital care from the not location) I G. STREET ADDESS (If rural, give location) FULL NAME OF FULL NA		
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	NSTITUTION	C. CITY OR TOWN (If outside corporate mits, waite Rt RAL and give
2		SALTIMORE
0	Mary 1	10 0
	Length of stay in Baltimore // Page	
2		9. AGE (In years it under I lear it under I le
10	DA USUAL OCCUPATION (Give binde), 1000 KIND OF PURINESS OF	
WOI	done during most of working life, even if retired) INDUSTRY	
3.		U. VA U.S. A
i	TNI	14. MOTHER'S MAIDEN NAME
1	5. WAS DECEASED EVER IN IL S ADMED CODIES? I LE SOCIAL	
(Y	m, no or nnknown) (If yes, give war or dates of service) SECURITY NO.	
	LEADING TO DEATH	de de l'Es
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease.	1/A , ACUIE SLOWP
	injury or complication which caused death.) DUE TO	
_	ANTECEDENT CAUSES	EN UERRAL ALTRUMON SI
O	DISEASES OR CONDITIONS, IF ANY, GIVING	EK NEPRON NIFMROSIS 30 mp
F	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
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	(c) //////	DEUSTON HEACTION
	OTHER SIGNIFICANT CONDITIONS CON-	
	TO THE DISEASE OR CONDITION CAUSING IT.	
Y		
0	21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in	
ED	HOMICIDE (Specify) about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY OCCUR?
	WHILE AT NOT WHILE	
	m. WHILE AT NOT WHILE AT WORK AT WORK	
	m. WHILE AT NOT WHILE AT WORK AT WORK	2/ 1950 to 1/ - 3 1950 that I last easy the
	m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 10 - deceased alive on 11 - 3, 19 50 and that death occur	21, 1950, to 11-3, 1950, that I last saw the red at 5330 m., from the causes and on the date stated above.
	m. WHILE AT NOT WHILE AT WORK 22. I hcreby certify that I attended the deceased from 10 - deceased alive on 11 - 3 , 19 5 9 and that death occur 23. SIGNATURE 2	21, 1950 to 11-3, 1950 that I last saw the red at 5350 m., from the causes and on the date stated above. 338. ADDRESS 123c. DATE SIGNED
2	m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 10 - deceased alive on 11 - 3 , 19 5 and that death occur 23A. SIGNATURE M. D. 4A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF GEMETE	21, 1950 to 11-3, 1950 that I last saw the red at 530 m., from the causes and on the date stated above. 338. ADDRESS 23c. DATE SIGNED 710 aublus SQ Wosp. 11-3-50
2	m. WHILE AT NOT WHILE AT WORK 22. I hereby certify that I attended the deceased from 10 deceased alive on 11-3, 19-50 and that death occur 23A. SIGNATURE M. D.	21, 1950 to 11-3, 1950 that I last saw the red at 530 m., from the causes and on the date stated above. 338. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED
I	22. I hcreby certify that I attended the deceased from 10 deceased alive on 11 - 3, 19 5 and that death occur 23A. SIGNATURE 4A. BURIAL, CREMA-24B. DATE ON REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE	21, 1950 to 11-3, 1950 that I last saw the red at 530 m., from the causes and on the date stated above. 338. ADDRESS 23c. DATE SIGNED 23c. DATE SIGNED
	22. I hereby certify that I attended the deceased from 10 deceased alive on 11-3, 19-5 and that death occur 23A. SIGNATURE M. D. 24A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMETER OF REMOVAL (Specify) 1/3 / 5 p 24C. NAME OF CEMETER OF REMOVAL (Specify) 1/3 / 5 p 24C. NAME OF CEMETER O	21 , 1950, to 11-3 , 1950, that I last saw the cred at 5330 m., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 11-3-53 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) FURTHER AND VA.
	22. I hcreby certify that I attended the deceased from 10 deceased alive on 11 - 3, 19 5 and that death occur 23A. SIGNATURE 4A. BURIAL, CREMA-24B. DATE ON REMOVAL (Specify) ATE RECEIVED BY REGISTRAR'S SIGNATURE	21 , 1950, to 11-3 , 1950, that I last saw the cred at 5330 m., from the causes and on the date stated above. 3B. ADDRESS 23C. DATE SIGNED 23C. DATE SIGNED 11-3-53 RY OR CREMATORY 24D. LOCATION (City, town, or county) (State) FURTHER AND VA.

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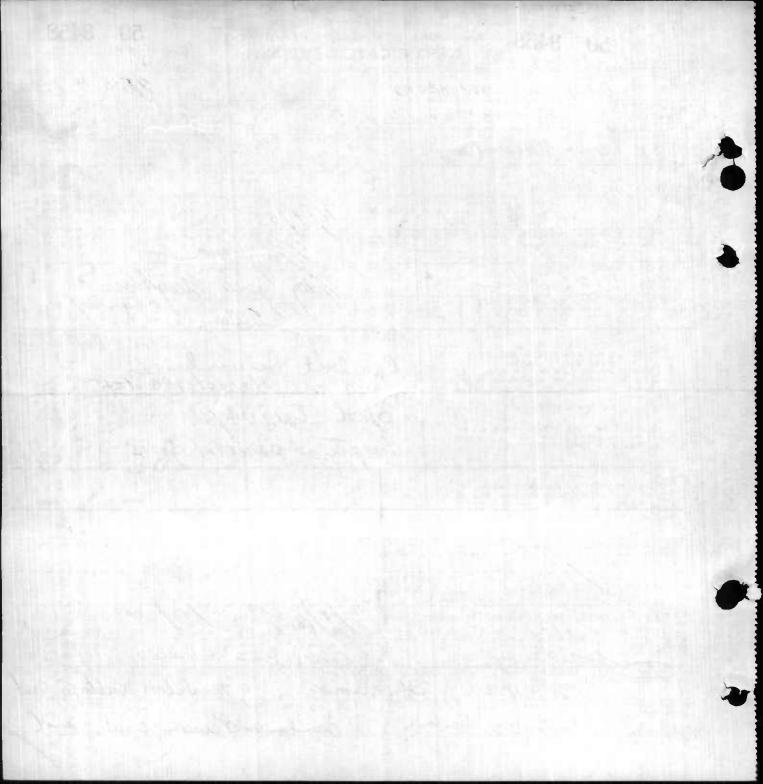


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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9459 Registered No.

BIRTH NO.	- OI DEATH
1. NAME OF DECEASED (Type or Print)	2. DATE
De Angelis, Lucy Esther	DEATHNO vember 2, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY before admission)
INSURORION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give
St. Joseph's Hospital	Baltimore 6-08
HOSPITAL OR INSCRIPTION St. Joseph's Hespital St. Joseph's Hespital St. Joseph's Hespital Proc. Length of stay in Baltimore C. Length of stay in Baltimore St. Joseph's Hespital Proc. Length of stay in Baltimore C. Length of stay in Baltimore St. Joseph's Hespital Proc. Length of stay in Baltimore C. CITY OR TOWN (If our Baltimore of Color of the Stay of	D. STREET ADDRESS (If rural, give location)
c. Length of stay in Baltimore Days	3527 Claremont St.
	8. DATE OF BIRTH 9. AGE (In years It Under I Yeer It Under 24 Hours last birthday) Months; Days Hours Min.
F. W. Married	3/29/9/59
	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
17	Baltimore Md. WHAT COUNTRY?
	14. MOTHER'S MAIDEN NAME
Edward Tatte	0
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	
	Roger De Angelis 3527 Claremont St.
18. 42011 . CAUSE	OF DEATH
DISEASE OR CONDITION DIRECTLY	1 the lines
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heart failure, asthenia, etc. It means the disease,	and artis, artisia-
injury or complication which caused death.) DUE TO	range grang when
ANTECEDENT CAUSES ACLE	Susia
Z (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO	
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E CTUED CICUETONE CONDITIONS	
TRIBUTING TO THE DEATH, BUT NOT RELATED	10 Marision
1 194. DATE OF OPERATION O 198. MAJOR FINDINGS OF POPER	
21A. ACCIDENT. SUICIDE. 21B. PLACE OF INJURY (e.g., i	n or 21c. WHERE DID (If in Baltimore City, give exact location)
U 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e.g., in about home, farm, factory, atreet, office bldg., c	
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21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURR OF INJURY	ED 21F. HOW DID INJURY OCCUR?
m, WHILE AT NOT WHILE AT WORK AT WORK	
	ambam 1 40°CO . Marrambam 2 40°CO
	ember 1, 1950, to November 2, 1950, that I last saw the
	rred at 5:30 m., from the causes and on the date stated above.
23A. SIGNATURE	236. ADDRESS 23c. DATE SIGNED
Madalus () Wins Po M.D.	1100 N. Caroline St. Nov. 2, 1950
24A. BURIAL, CREMA- TION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETE	RY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial Nov. 6 1950 Holy Redeemer	Cemetany 4430 Belair Rd.
NIDATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
NOV 5 - 1950 Thutuster Williams, Mills	of a 10 mollo de Alexan a vision
	house wella words 322 S. High St.

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DATE RECEIVED BY LOCAL REGISTRAR

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REGISTRAR'S SIGNATURE

				50 9	9460
50 BIRTH NO.	9460	CERTIFICAT	E OF DEATH	Registered No	<u> </u>
1. NAME OF I (Type or Print)	Harry Gre	enbaum.		2. DATE OF NOV 4	rd.1950
	City, Maryland M	adison Aprt.	4. USUAL RESIDENCE (W	here deceased lived, If in	stitution : residence before admission
B. FULL NAME HOSPITAL OR INSTITUTION	OF (If not in nospit	al or institution, give street address or location)		outside corporate limits,	write RURAL and giv
		Yrs.	D. STREET ADDRESS (If r	ural, give location)	
c. Length of	stay in Baltimore L	ifetime, Mos. Days	Madison Any	t.817 St.Pa	aul St.
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 10th.18	9. AGE (In years # Un	der I Year II linder 24 Hour
10A. USUAL Oc vork done during most	CCUPATION (Give kind of tof working life, even if retired)	108 KIND OF BUSINESS OR	11. BIRTHPLACE (State or for Balto, Md.		2. CITIZEN OF WHAT COUNTRY
13. FATHER'S	NAME	Greenbaum	14. MOTHER'S MAIDEN NA	ME	
IE WAS DECEA			Kerngood		
(Yes, no or unknowo	SED EVER IN U. S. ARMEI) (If yes, give war or date	of service) 16. SOCIAL SECURITY NO.	Mrs.R.H.Greent		son Aprt.
18. 42	O . I ASE OR CONDITION		OF DEATH		INTERVAL BETWEE
(This doe heart fail	LEADING TO DEA' es not mean the mode of lure, asthenia, etc. It mea r complication which of	TH of dying, e. g., ans the disease,	ray throwho	sis	Sudden
(This doe heart fail injury or	LEADING TO DEA's se not mean the mode course, asthenia, etc. It mean r complication which complication which complication which complication which complication with the above cause (A)	TH of dying, e. g., ans the disease, caused death.) DUE TO	ina pectorii	315	Sudden 15 years
(This doe heart fail injury or the control of the c	LEADING TO DEA' es not mean the mode ure, asthenia, etc. It mea r complication which of ANTECEDENT CAUS ES OR CONDITIONS, 1	TH of dying, e. g., ans the disease, caused death.) DUE TO	ina pectorii eralized certer	sis wsclerosis	Sudden 15 years:
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COLUMN TRIBUTION TO THE TRIBUTION TO THE TO	LEADING TO DEA' se not mean the mode of lure, asthenia, etc. It mean r complication which of ANTECEDENT CAUS ES OR CONDITIONS. 1 THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT CONDITION IN THE DEATH, BUT DISEASE OR CONDITION	of dying, e.g., this the disease, caused death.) SES FANY, GIVING STATING THE AST. ITIONS CONNOT RELATED CAUSING IT.	RATION o or 21c, WHERE DID (II	Si S coscleration	YES NO
CO DISEASE RISE TO UNDERLY OTHER TRIBUTIN TO THE TO	LEADING TO DEA' se not mean the mode of lure, asthenia, etc. It mean r complication which of ANTECEDENT CAUS ES OR CONDITIONS, I THE ABOVE CAUSE (A) LYING CONDITION LA II SIGNIFICANT CONDITION OF OPERATION OF OPERATION OF OPERATION (Specify) (Month) (Day) (Year)	THE THE TOTAL OF INJURY (e.g., in about home, farm, factory, street, office bidg., (Hour) 21E. PLACE OF INJURY (e.g., in about home, farm, factory, street, office bidg., (Hour) 21E. INJURY OCCURR WHILE AT NOT WHILE	PATION o or 21c. WHERE DID (If the control of the	in Baltimore City, giv	YES NO
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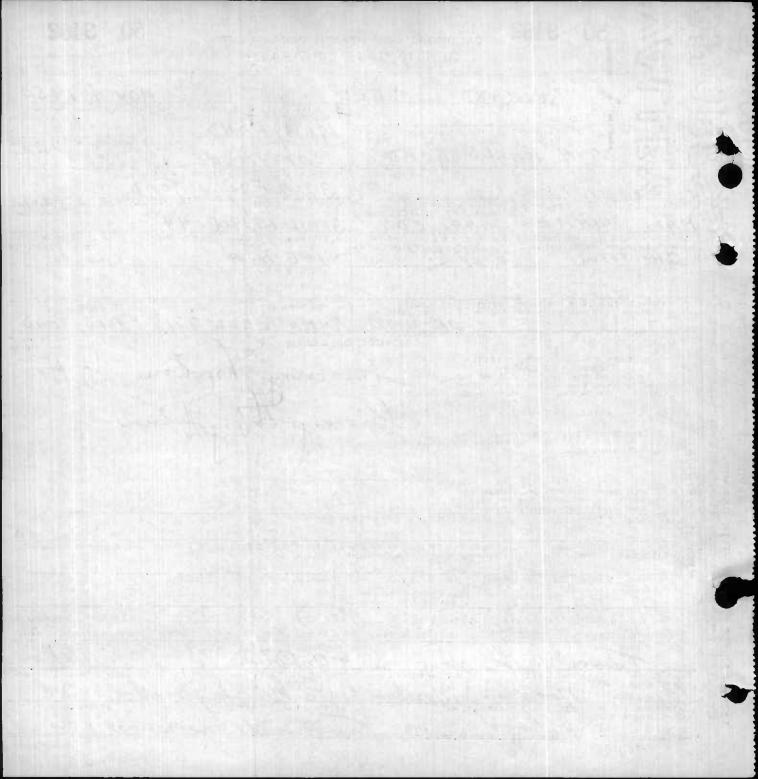
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	711 7401	TE OF DEATH Registered No	
	RTH NO.	L OI BEATTI	3
	NAME OF DECEASED ype or Print)	2. DATE OF	2
A.	PLACE OF DEATH: Baltimore City, Maryland 5018 Gwyne Oak Ave		stitution; residence before admission)
HO	SPITAL OR STITUTION 50/3 Gurpun Oak Que		write RURAL and give township
c.	Length of stay in Baltimore 40Yrs. Yrs. Mos. Days	1. 01/1	
	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWSD DIVORCED (Specify Single)	8. DATE OF BIRTH/ 9. AGE (In years) If U	hader 1 Year H Under 24 Hours Hours Min.
Work	A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR done during most of working life, even if retired) Insurance. Insurance.	Marshal Mo.	2. CITIZEN OF WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
12	Solomon Herman	Pauline Alham	
15 (Yes	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADI	De Sak
1	2/7-01-2204		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	onary occlusion	2 les?
NO	ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING		
CATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.		
RTIFIC	(C)		
ш	OTHER SIGNIFICANT CONDITIONS CDN- TRIBUTING TO THE DEATH, BUT NOT RELATED		
0	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION	20. AUTOPSY?
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Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR! OF INJURY WHILE AT NOT WHILE AT WORK AT WORK	E	7
	22. I hereby certify that I attended the deceased from		that I last saw the
	deceased alive on 9 1, 19 D, and that death occi	urred atm., from the causes and on the	date stated above
	CANALARA REUTY M.D.	34) W midser all	23d. DATE SIGNED
24 TIC	Nov.6th1950 Hebrew	Friendship Balto.Md,	r county) (State)
	TE RECEIVED BY REGISTRAR SIGNATURA	Pran cullain (on 1902 #ut	aw Pl.
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ARRIED, DIVORCED (Specify)	B. DATE OF BIRTH	last birthday) Mo	onths Days Hours Min.
BUSINESS OR	APRIL 15/90		12. CITIZEN OF
DATE DOUSTRY		neigh country)	WHAT COUNTRY?
:0. (W)	VIRGINIA.	AME	4.8.
	14. MOTHER S MAIDEN N	A IVI E	
, SOCIAL			
SECURITY NO.	17. INFORMANT		DDRESS PARA
7-01-7783		- 3714 FA	INTERVAL BETWEEN
CAUSE	OF DEATH	~	ONSET AND DEATH
16	Carlo lha	and Francis	1+ 1th
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Ban	man - Anto	. I Parano	
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DUE TO			
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NDINGS OF OPER	ATION		20. AUTOPSY?
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OF INJURY (e. g., in factory, street, office bldg., e		If in Baltimore City,	give exact location)
INJURY OCCURR	ED 21F, HOW DID INJUR	Y OCCUR?	
E AT NOT WHILE			
eased from	Nov-4, 1950, to	MAR. 4 195	that I last saw the
that death occur			he date stated above.
	3B. ADDRESS	701	23c. DATE SIGNED
News M. D.	4037 Halls	150	11/4/50
NAME OF CEMETE	RY OR CREMATORY 24D. L	OCATION (City, town	or county) (State)
Toreland	Vack of	restor leve	Me-
Mary Control	25. FUNERAL DIRECTOR	7	ADDRESS
A.MUR O	ender & No	novan-3	818 Notand
10-1	3		a. dec
6836	3		74a

before admission)

township)



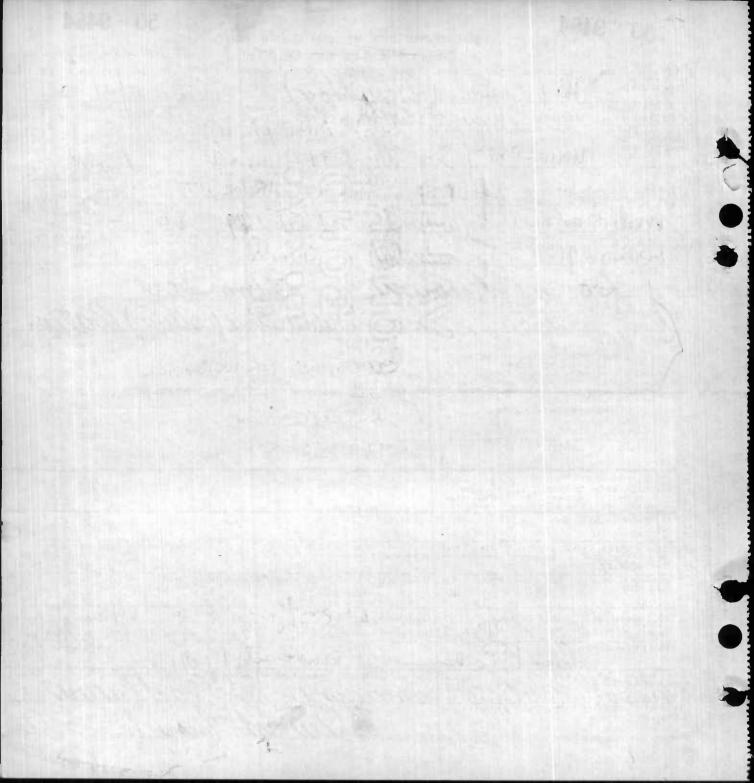
T-000			
7 JL 142720 BALTIMORE CITY HEALTH D	EPARTMENT 50 9463 Registered No.		
BIRTH NO. 50 9463 CERTIFICATE OF D	EATH Registered No.		
1. NAME OF DECEASED (Type or Print) Wing Sue Lee	2. DATE OF DEATH 11-4-50		
3. PLACE OF DEATH: 4. USUAL	RESIDENCE (Where deceased lived, If institution; residence B. COUNTY before admission)		
B FILL NAME OF (If not in hospital or institution, give street address or	C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
INSTITUTION	R TOWN (If outside corporate limits, write RURAL and give township)		
	ADDRESS (If rural, give location) York Rd.		
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) 8. DATE OF SINGLE SIN			
10A. USUAL OCCUPATION (Givekindof 10B. KIND OF BUSINESS OR INDUSTRY LANDS AND LANDS AN	PLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
	ER'S MAIDEN NAME		
15. WAS DECEASED EVER IN JU. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. B. C.			
18. 332X CAUSE OF DEAT	H INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	ombosis 2 weeks		
ANTECEDENT CALISES			
Andread - and access	is Years		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED DISPANCE (B) AFTIFIOSCIBIOS DUE TO (C) (C) DISPANCE (B) AFTIFIOSCIBIOS DUE TO DUE TO DISPANCE (B) AFTIFIOSCIBIOS DUE TO DUE TO DISPANCE (B) AFTIFIOSCIBIOS DUE TO DISPANCE (B) AFTIFIOSCIBIOS DUE TO DUE			
[C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED DIABETES Mellity OF THE DISEASE OR CONDITION CAUSING IT.	Years		
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HOMICIDE (Specify) about home, farm, factory, street, office bldg., etc.) INJUR	HERE DID (If in Baltimore City, give exact location) Y OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. H OF INJURY WHILE AT NOT WHILE	NUDINJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-21-50	10 to Nove 4 10 50 that I last saw the		
	15 M from the causes and on the date stated above.		
23A. SIGNATURE 23B. ADDRE	imore City Hospital 23c. DATE SIGNED		
24A. BURIAL, CREMA- 24B. DATE / 24C. NAME OF CEMETERY OR CREM			
Serial Hov/1/50 Longune	Modelawa		
DATE RECEIVED BY REGISTRANG SIGNATURE 25 FUNE	And Director Appress A		
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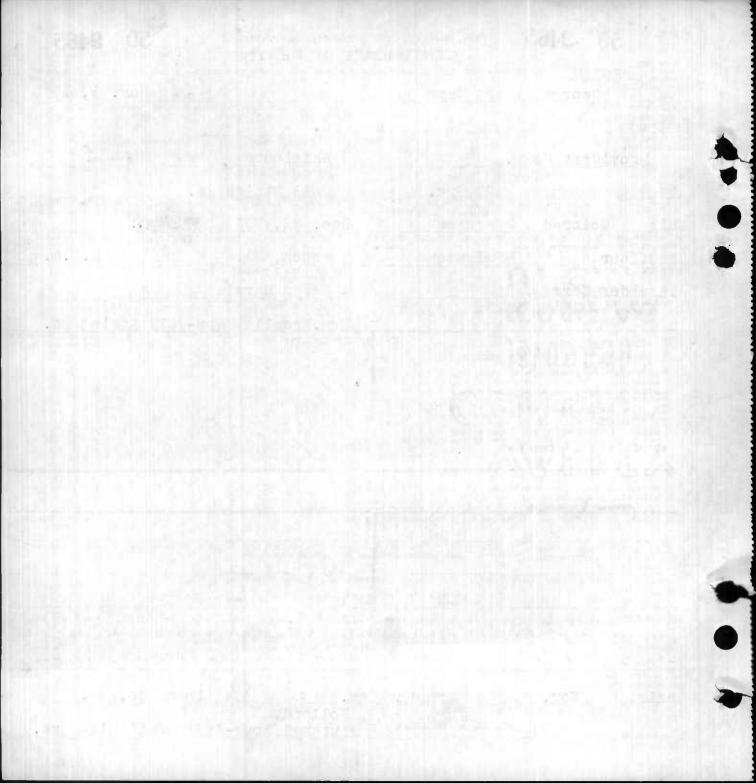
BIRTH NO

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Segistered No. 9465

Dr. Thusser

	NAME OF DE	ECEASED				12. DATE	
(T	ype or Print)	George Al	bert (Carr			. 3, 1950
A.		ity, Maryland			4. USUAL RESIDENCE A. STATE Md .		
B. HC	SPITAL OR	OF (If not in hospit	al or institu	tion, give street address or location)		If outside company lies	A DIVIDAY
IN	STITUTION	ident Hoan			Baltimore	ii outside corporate iim	its, write RURAL and give township
-	FFOV	ident Hosp	•	Yrs.	D. STREET ADDRESS (If rural, give location	
c.	Length of st	tay in Baltimore	27	Mos	2413 Etting		
	SEX	6. COLOR OR RACE	7. SINGL	E, MARRIED. VED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGF 'th years'	onths Days Hours Min.
		Colored CUPATION (Give kind of	Marr		Dec. 22, 1893		
work	done during most of	f working life, even if retired)		D OF BUSINESS OR INDUSTRY		loreig count	12. CITIZEN OF WHAT COUNTRY
	hauffeu FATHER'S N		Priva	ete	Easton, Md.		U.S.A.
13	. FATHER S N	AME			14. MOTHER'S MAIDEN		
A	lexande	r Carr			Sarah Harri	S	
(Yes	, no or unknown)	D EVER IN U. S. ARMEI (If yee, give war or date	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT	1	ADDRESS
					Mrs.Wyoelia C	arr-2413 Et	ting St.
	18. 52	1 % 1	45.11	CAUSE	OF DEATH		INTERVAL BETWEEN
	DISEAS	E OR CONDITION			1 also	-03	5
	(This does	not mean the mode of	f dying, e.	8., (A)	jung coo	Cles_	
		e, asthenia, etc. It mea complication which o					
	İ	ANTECEDENT CAUS	eec.				
Z		ANTECEDENT CAUS	55	(B)			
TION		OR CONDITIONS, I		NG	***************************************		
AT		ING CONDITION LA					
2	2.1 51		7	(C)			
RTIFICA		П					
ER	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ED			
U		SEASE OR CONDITION F OPERATION 1		ITR FINDINGS OF OPER	PATION		1 20 AUTORS 2
A L	ISA. DATE O	OPERATION O	SB. MAJOR	TINDINGS OF OPER	KATION		YES NO
EDICAL	21a. ACCIDI	ENT WAS UNDER-	218. PL	ACE OF INJURY (e. g., i	n or 21c. WHERE DID	(If in Baltimore City,	
MED		CONTRIBUTING	about home,	farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	21D. TIME (.	Month) (Day) (Year)	(Hour)	21E. INJURY OCCURR	ED 21F. HOW DID INJU	RY OCCUR?	
	Or MOORT		m.	WHILE AT NOT WHILE			
	22 I herebe	y contifu that I att			0 - 25 , 1953 to	11.3 105	Othat I last sam th
	deceasedal	ine on //- ? -	- 10 5°	and that death occur	rred at 10 m., from	the causes and on	the date stated above
	23A STONAT		13		38 ADDRESS		1 230 DATE SIGNED
1	X Le	forket	ms	M. D.	2309 Dune	2 Hile De	11.4.50
	A. BURIAL, C				RY OR CREMATORY 24D.	LOCATION (City, town	n, or county) (State)
	N. REMOVAL (S)	Nov. 7.	1950	Arbutus Cem	Ra	ltimore Co.	Ma
DA	TE RECEIVED	BY REGISTRAR		URE I	TREST DIRECTOR	TOTELOTE OO	ADDRESS
	CAL REGISTE	RAR		Williams, Mill	Holland, DIRECTOR	1627 Dans 2 3	
=	MAY 5 -1	9501		7,700	Funeral Home-	1631 Druid	Hill Ave.
	13 VS 150		100	682	CA		11.15
				600	0 19		1141



Registered No. DEATH NOV, 2, 1950 4. USUAL RESIDENCE (Where deceased lived, If institution: residence B. COUNTY before admission) (If outside corporate limits, writer URAL and give township) 9. AGE (In years 2 last birthday) Months Days Hours Min.

> 12, CITIZEN OF U.S.A. COUNTRY?

> > INTERVAL BETWEEN

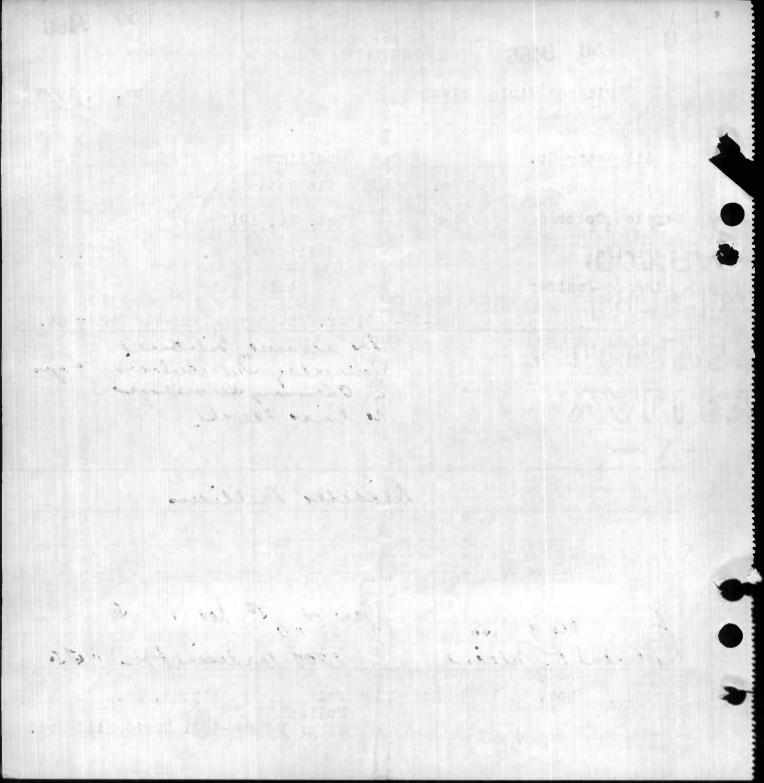
ONSET AND DEATH

20. AUTOPSY

19 10 that I last saw the

Baltimore.

ADDRESS



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	00	010.	

BALTIMORE CITY HEALTH DEPARTMENT

50 9467

В	RTH NO.			CERTIFICATI	E OF DEATH	Registered No	
1.	NAME OF D		s Johns	on	1 1	2. DATE OF Novemb	er 2, 1950
A.	PLACE OF D Baltimore (City, Maryland	ıl on instituti	on, give street address or	4. USUAL RESIDENCE (\) A. STATE Maryland		stitution : residence before admission)
H	OSPITAL OR	US Marine H	ospital	location)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore		
6	Length of s	Baltimore 1 tay in Baltimore		Yrs. Mos.	D. STREET ADDRESS (If		
	SEX Male	6. COLOR OR RACE Colored	WIDOW	MARRIED, ED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years it the last birthday) Mont	nder I Year It Under 24 Hours hs Days Hours Min.
1C worl	A. USUAL OC	CUPATION (Give kind of of working life, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or f		2. CITIZEN OF WHAT COUNTRY?
	Joseph	Johnson			14. MOTHER'S MAIDEN N Mary Elizabeth		
(Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 6. no or maknown) Unknown (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.			17. INFORMANT Records - US N		DRESS Balto., Md.	
RTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES Mali (A) With			of DEATH nant melanoma metastases to hes , spleen, kidneys eas, stomach, lar intestine, prost kin. ration of small i	s, adrenals, ge intestine, sate, bone	onset and death 3 months	
CERTI	TRIBUTING TO THE DEATH, BUT NOT RELATED			peritonitis, gene		days	
	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?			
MEDICA	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCUR?					e exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? MHILE AT NOT WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from Oct. 9, 19 50, to Nov. 2, 19 50, that I last saw the deceased alive on Nov. 2, 19 50, and that death occurred at 10 P m., from the causes and on the date stated above. 23a. SIGNATURE Kickard (1. Naguedra 23b. ADDRESS 23c. DATE SIGNED John L. Walson, Clinical Dir., Med. Dir., U.S. Marine Hospital, Balto., Md. 11-3-50						
	on removal (S Burial	CREMA- Specify) NOV.	7, 50	Belair Ce	emetery Be	clair Maryla	r county) (State) nd
	ATE RECEIVE	RAR	s SIGNATU	Williante, Mr.	Geo. T. A.	dibson Sr.	ADDRESS
	VS 150		- 66 -	76399	1735 Druid F	Hill Ave.	53

1735 Druid Hill Ave.

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December of the state of the state			

(If in Baltimore City, give exact location) 19 to 11-5-5019 that I last saw the 23c. DATE SIGNED 240. LOCATION (City, town, or county) ADDRESS 82010

before admission)

12. CITIZEN OF

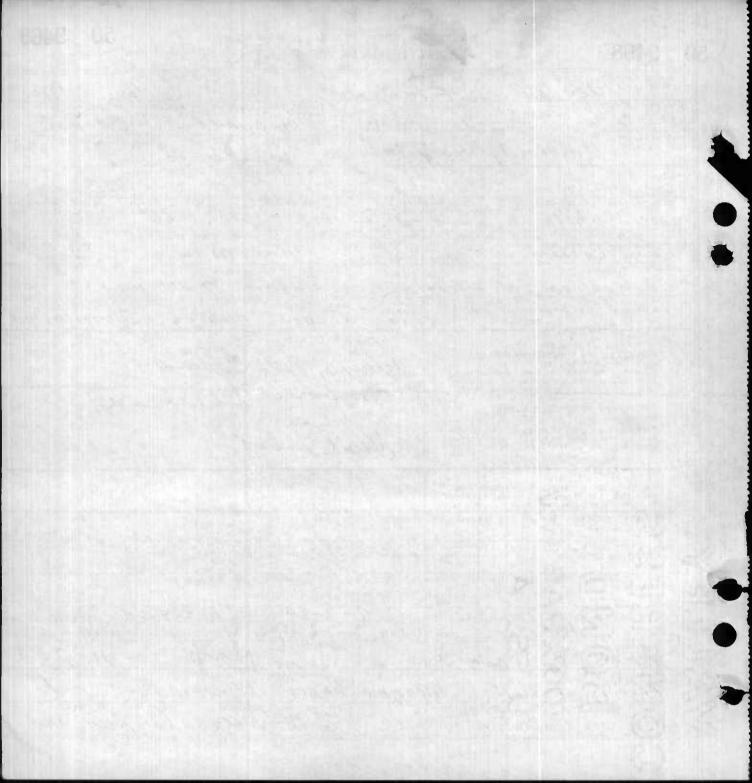
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INTERVAL BETWEEN

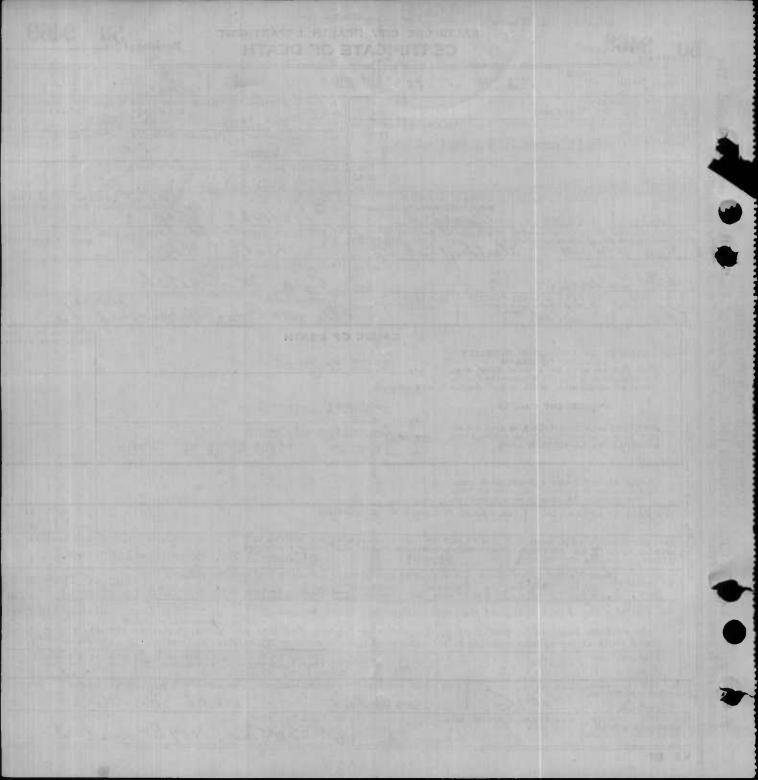
ONSET AND DEATH

20. AUTOPSY

MARGIN



56 CERTIFICATE CURI	LTIMORE CITY HE CERTIFICAT	EALTH DEPARTMENT E OF DEATH	Registered N	0 9469
1. NAME OF DECEASED	C. J. TU	RNER JR.	2. DATE OF NOV.	3, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF (If not in hospital or institu	tion, give street address or	4. USUAL RESIDENCE (VA. STATE Maryland		nstitution: residence before admission OPE
HOSPITAL OR INSTITUTION Baltimore City Ho	spital location)	C. CITY OR TOWN (III	outside corporate limits	, write RURAL and giv township
c. Length of stay in Baltimore	Yrs. Mos. Days	D. STREET ADDRESS (If		
Male White Man	NARRIED. NED. DIVORCED (Specify)	3 16/192/	last birthday) Mor	Under 1 Year It Under 24 Hours Ain.
10A. USUAL OCCUPATION (Give kind of log. KIN) work downduring most of working life, even if retired the control of log. KIN work downduring most of working life, even if retired the control of log. KIN work downduring most of log.	of business or industry	3406	Md	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME WM C. Juruan Sr		14. MOTHER'S MAIDEN N	Leiteh	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Eliz Me Crous	AL	DDRESS Pa
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e, heart failure, asthenia, etc. It means the disea Injury or complication which caused deat ANTECEDENT CAUSES	g., (A) Skull	of oeath fracture ral Hemorrhage		ONSET AND DEAT
DISEASES OR CONDITIONS, IF ANY, GIVING TO THE ABOVE CAUSE (A) STATING TO UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS TO THE OBATH, BUT NOT RELATED	HE DUR TOX	sion of brain ure of right tibi	a and fibula	
TO THE DISEASE OR CONDITION CAUSING	ED			
19a. DATE OF OPERATION 19B. MAJOR	FINDINGS OF OPER			YES X NO
1) 121A. EXTERNAL CAUSE WAS 1 218, PL	ACE OF INJURY (e. g., in farm, factory, street, office bldg., e		f in Baltimore City, gi	
Zio. Time (Month) (Day) (Year) (Hour) of INJURY ab't. Nov. 3, 195012 midnite m.	21E. INJURY OCCURRI WHILE AT NOT WHILE WORK AT WORK	Pedestrian hit	by auto to s	
22. I certify that I took charge of the the evidence obtained by said Aut and death in my opinion resulted	opsy, Inspection or I	nquiry, find that said de	eceased died on the	
23A. SIGNATURE William South San	M 24c. NAME OF CEMETE	238. CHIEF MEDICAL ASSISTANT MEDICAL .D. MEDICAL INVESTIGAT	EXAMINER	NOV. 3, 1950 or county) (State)
Buria 11/6/50	Lorrain	ce B	elt. Co. n	rd.
DATE RECEIVED BY REGISTRAR'S SIGNATURE LOGAL REGISTRAR	lianus, Mar	25. FUNERAL DIRECTOR	1217 St. Pa	ul st.
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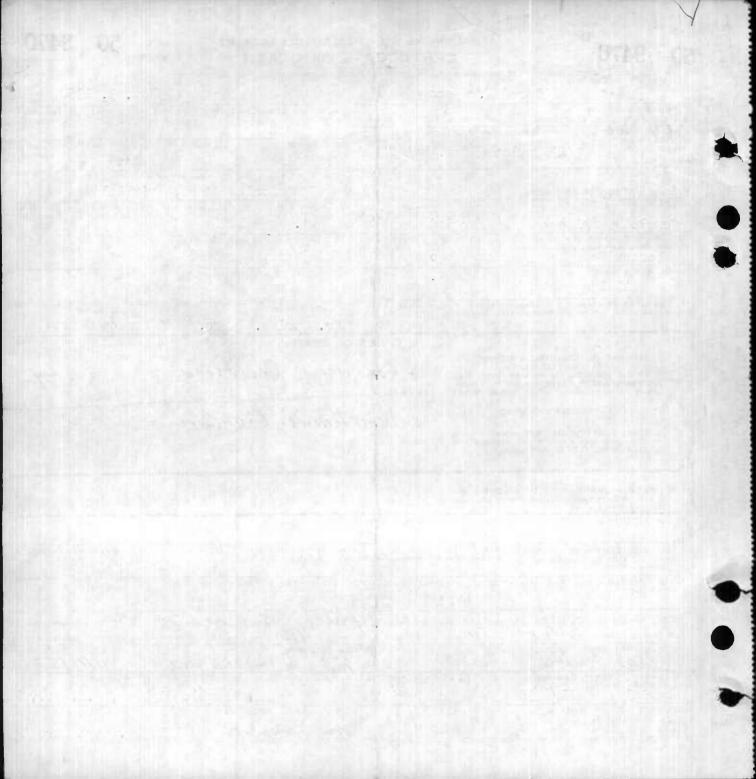
MARGIN RESERVED FOR BINDING UNFADIN Physicians BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No_ 9470

1. (T:	NAME OF DECEASED (pe or Print) Lildred V. Livers	2. DATE OF NOV	3, 1950				
	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, A. STATE B. COUNTY	If institution: residence before admission)				
HC	(If not in hospital or institution, give street address or location) 3/23 Sunlea Court, Fairfield	c. CITY OR TOWN (If outside corporate line Baltimore	mits, write RURAL and give township)				
C.	Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location) 3423 Sunlea Court, Fairf	rela				
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years)					
10	A. USUAL OCCUPATION (Givekind of done-during most of warking life, even if retired) 10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Paltimore, Harrind	12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME TILLI A Garteide	14. MOTHER'S MAIDEN NAME					
15. (Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? nn or unknown) (If yes, give war nr dates of service) 16. SOCIAL SECURITY NO.	Mr. Earl L. Myers, 3/23 Sur	ADDRESS				
CERTIFICATION	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO	TENSINE-C.V. Discuis	INTERVAL BETWEEN ONSET AND DEATH AND LLY				
AL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER	ATION	20. AUTOPSY?				
MEDICA	21a. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING about hnme, farm, factory, street, nffice bldg., e	nr 21C. WHERE DID (If in Baltimore City INJURY OCCUR?	, give exact location)				
	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK						
	22. I hereby certify that I attended the deceased from deceased alive on 1950, and that death occur	red at 44-m., from the causes and on	the date stated above.				
34	faul only	33. Address ane -	11/4/50				
TIO	burial 11/6/50 Cedur Hill		vn. or county) (State)				
	CAL REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS Paul Street				

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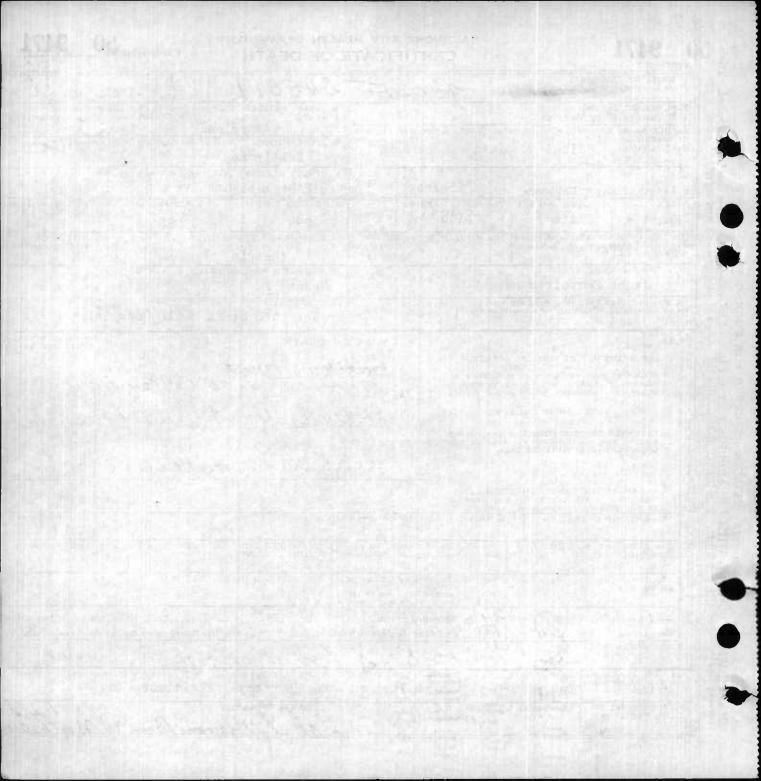
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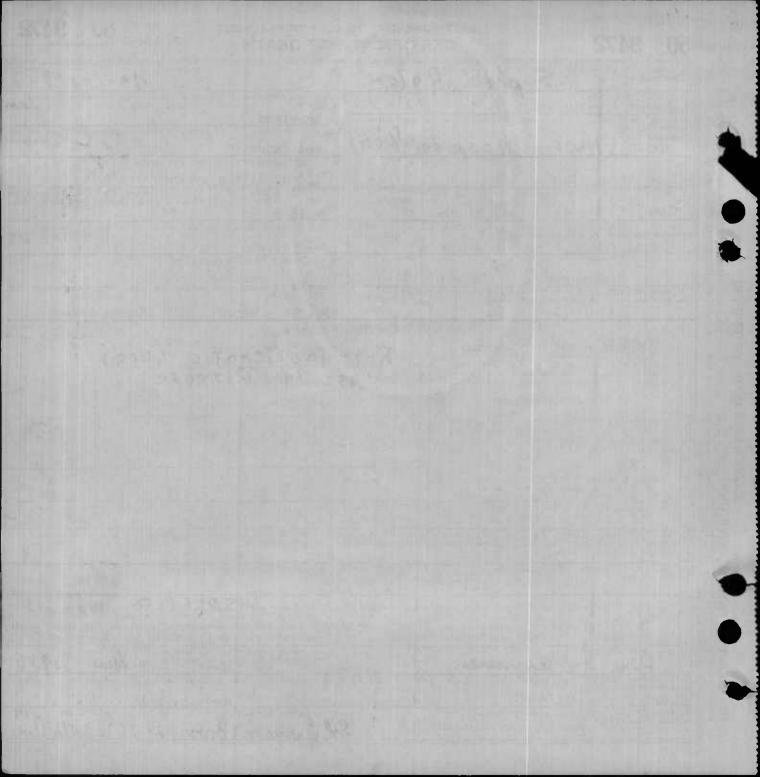
BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

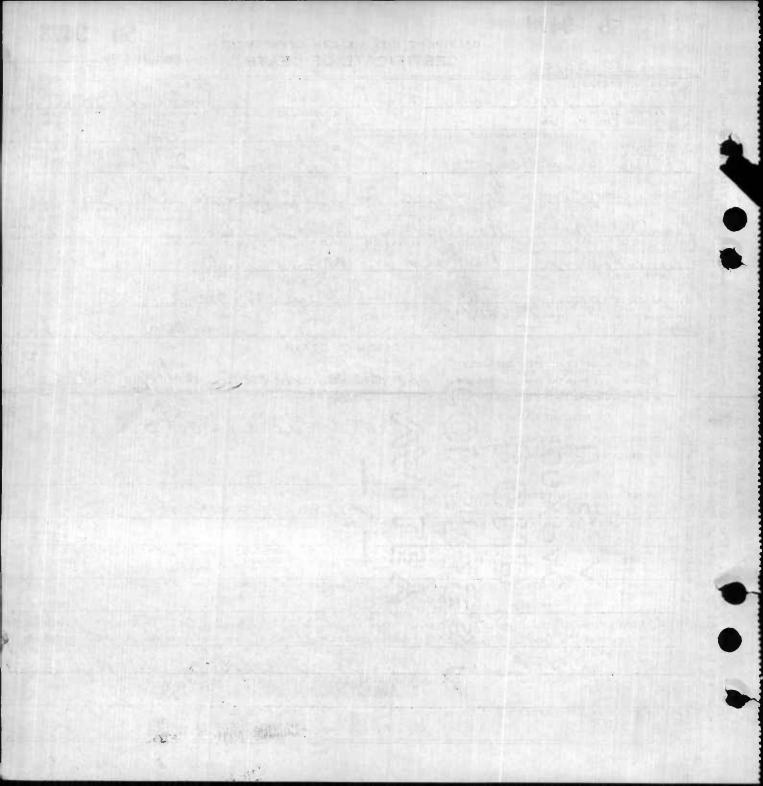
CERTIFICATE OF DEATH 1. NAME OF DECEASED 2. DATE ROSE (Type or Print) OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. Baltimore City, Maryland B. COUNTY (If not in hospital or institution, give street address or Maryland B. FULL NAME OF (If outside corporate limits, write RURAL and give township) HOSPITAL OR C. CITY OR TOWN Sinai Hospital INSTITUTION Baltimore Yrs. D. STREET ADDRESS (If rural, give location) Mos. 55 Yrs 3812 ParkHeights Ave c. Length of stay in Baltimore Davs 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE (In years) H Under 1 Year WIDOWED DIVORCED (Specify) last birthday) Months; Days Hours: Min. 1865 White Femak e 10A. USUAL OCCUPATION (Givekind of 108, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during most of working life, even if retired) HOUSE WIII e INDUSTRY WHAT COUNTRY? Austria 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Schreiber Hanna 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) SECURITY NO. 3812 Park Heights Ave Mr Joseph D Stark 120.0 INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO RTIFICA UNDERLYING CONDITION LAST. H OTHER SIGNIFICANT CONDITIONS CON-TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? MEDICAL YES NO 21A. ACCIDENT, SUICIDE, 21B. PLACE OF INJURY (e. g., in or 21c. WHERE DID (If in Baltimore City, give exact location) HOMICIDE (Specify) about home, farm, factory, street, office bidg., etc.) INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? 21E. INJURY OCCURRED OF INJURY especially NOT WHILE WHILE AT Ocal 30 , 1950, to Nov 6 , 1950, that I last saw the 22. I hereby eartify that I attended the deceased from. deceased alive on Nor6, 1950, and that death occurred at 6.0 A m., from the causes and on the date stated above. 23A. SIGNATURE 238. ADDRESS 23c. DATE SIGNED 24A. BURIAL, CREMA-TION, REMOVAL (Specify) EURISI 24C. NAME OF CEMETERY OR CREMATORY 24D. LOCATION (City, town, or county) 248. DATE Nov 7, 1950 Mogan Abraham Cong Cemetery Baltimore Md ADDRESS // 2/ DATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR muli wor fillelle file LOCAL REGISTRAR

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В	RTH NO. 50-23186 CERTIFICAT	E OF DEATH Registered No
	NAME OF DECEASED type or Print) C. umboa boa land	2. DATE OF DEATH OCT 25 30
A.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, if institution: residence A. STATE B. COUNTY before admission)
H	FULL NAME OF (If not in hospital or institution, give street address or location ISTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
-	Length of stay in Baltimore Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)
	SEX 6.COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED DIVORCED (Specify	8. DATE OF BIRTH 9. AGE (In years II Under 1 Year last birthday) Months: Days Hours: Min.
	A. USUAL OCCUPATION (Give kind of a done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ti.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL B, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS
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	DISEASE OR CONDITION DIRECTLY	Vascular drespiratory 2hrs 48
		llapse ! 3.
CATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	Cesavean Section
RTIFI	II (C)	
CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING IT.	renal pemoryhage
SAL	19a. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	YES NO
MEDIC	21A. ACCIDENT. SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about bome, farm, factory, atreet, office bldg.	in or 21c. WHERE DID (If in Baltimore City, give exact location) etc.) INJURY OCCUR?
-	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	
		oct 50, 19 , to 2500 5, 19 ; that I last saw the
		rred at 2 15 Pm., from the causes and on the date stated above.
	Dorentestery M.D.	Kurch Homot Hosp Bult BI Oct 58
71 TI	AA. BURIAL, CREMA- ON REMOVAL (Specify)	NOV 1 1950 (State)
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS COMMISSIONER OF Health
	VS 150	1600



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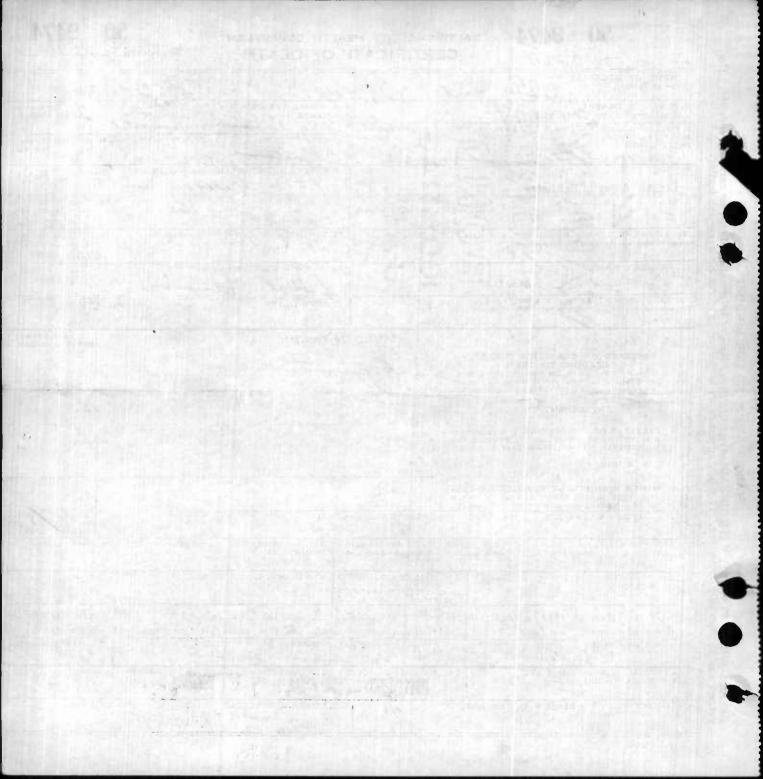
BALTIMORE CITY HEALTH DEPARTMENT

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	ВІ	RTH NO. 50-23647		CERTIFICATI	E OF DEATH	Registered	No. 40/18/2	
	(T;	NAME OF DECEASED (ype or Print) (Rate)	1 Gr	il Cla	ch "3"	2. DATE OF DEATH / O	-28-30	
		PLACE OF DEATH: Baltimore City, Maryland	the transiti	A. STATE	E (Where deceased lived, I	f institution: residence before admission)		
	В.	FULL NAME OF (If not in hospit	al or institut		Unwe	suts Ampite	4	
	IN	SPITAL OR STITUTION		location)	C. CITY OR TOWN		its, write RURAL and give	
		Umocavity of Many	land.	Nomival	Bollino		The second	
	51			Yrs. Mos.	STREET ADDRESS	(If rural, give location)		
	-	Length of stay in Baltimore SEX 6. COLOR OR RACE	2 SINCL	Days E. MARRIED:	8. DATE OF BIRTH	9. AGE (In years)		
		F 3.	WIDOW	VED, DIVORCED (Specify)	11-08-50	last birthday) M	Ionths Days Hours Min.	
	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	10B. KIND	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e or foreign country)	12. CITIZEN OF WHAT COUNTRY	
	13	FATHER'S NAME			14. MOTHER'S MAIDE	N NAME	3	
		James Cla	h		E They	Flerning		
	15 (Yes	, WAS DECEASED EVER IN U.S. ARME , no or unknown) (If yes, give war or date	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
		18, 77/ x		CAUSE	OF DEATH		INTERVAL BETWEEN	
		The state of the s						
		LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure asthenia etc. It means the disease						
		heart failure, asthenia, etc. It means the discase, injury or complication which caused death.) DUE TO						
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	ATIC	DISEASES OR CONDITIONS, RISE TO THE ABOVE CAUSE (A)	STATING T					
	CA	UNDERLYING CONDITION L	AST.					
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,	GE	TRIBUTING TO THE DEATH, BUT TO THE DISEASE OR CONDITION				***************************************		
	اد	19A. DATE OF OPERATION	9B. MAJOR	FINDINGS OF OPER	RATION		20. AUTO SY?	
	CA	21A. ACCIDENT, SUICIDE,	l ata Di	ACE OF INJURY (e.g., i	n or 21c. WHERE DID	(If in Baltimore City,	YES NO L	
	MEDI	HOMICIDE (Specify)	about home,	farm,factory,street,officebldg.,		(II in Daitimore City,	give exact locationy	
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,			m.	WHILE AT NOT WHILE				
	22. I hereby certify that I attended the deceased from 10/28, 1950, to 10/28, 1950							
1		deceased alive on 10/28		and that death occur	rred at Z: KRm., fro	om the causes and on	the date stated above	
		23A. SIGNATURE J. F. Juman			Comments	Ltag.	23C. DATE SIGNED	
0	24 TIC	A. BURIML, CREMA- N, REMOVAL (Specify)			TICAL SCHOOL NOV	D. LOCATION (City, tow	n, or county) (State)	
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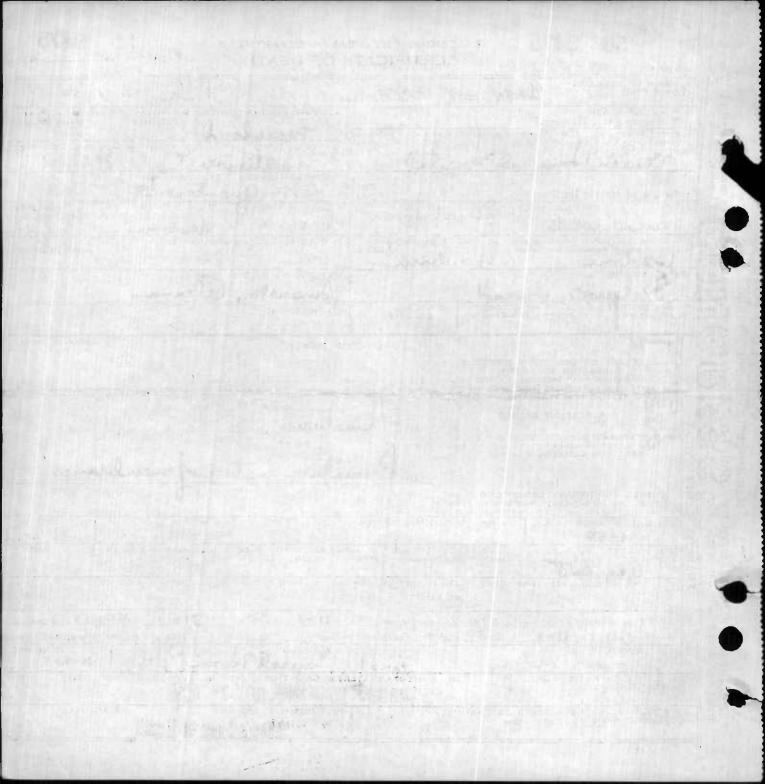
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1 INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSYT (If in Baltimore City, give exact location) _____, 19___, that I last saw the 23c. DATE SIGNED ADDRESS 159,0

before admission)

township)

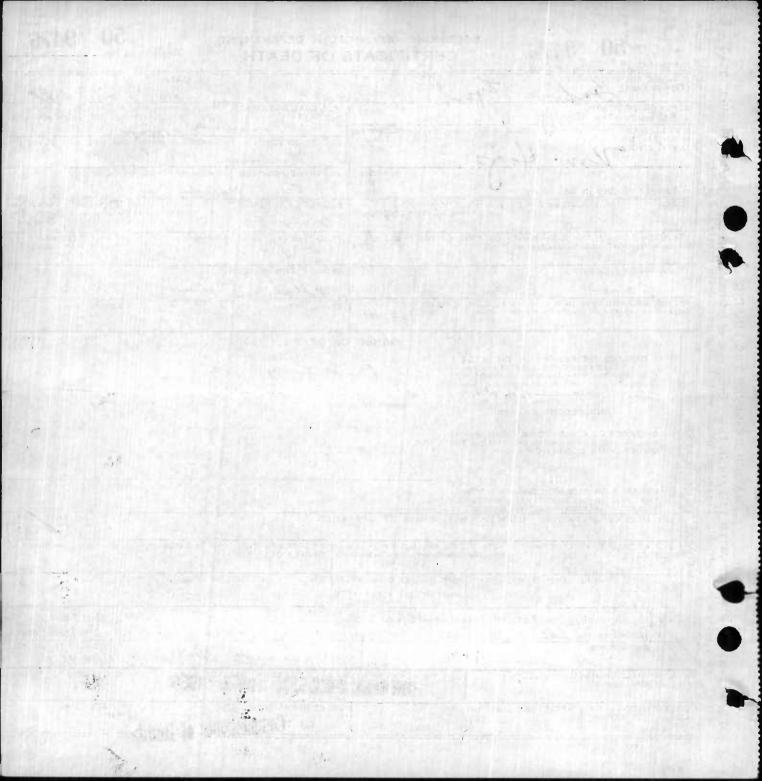
II Under 24 Hours

12. CITIZEN OF

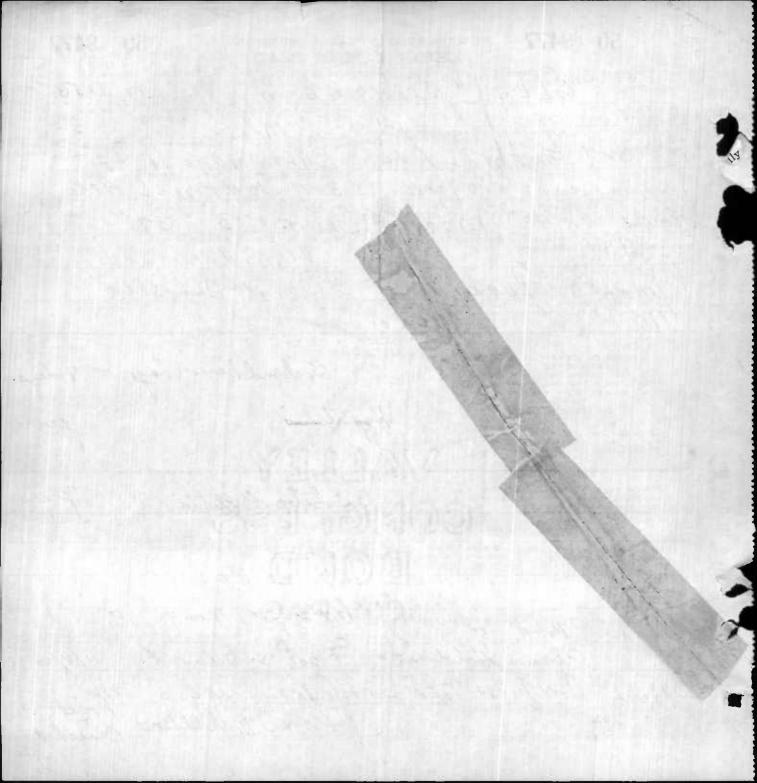
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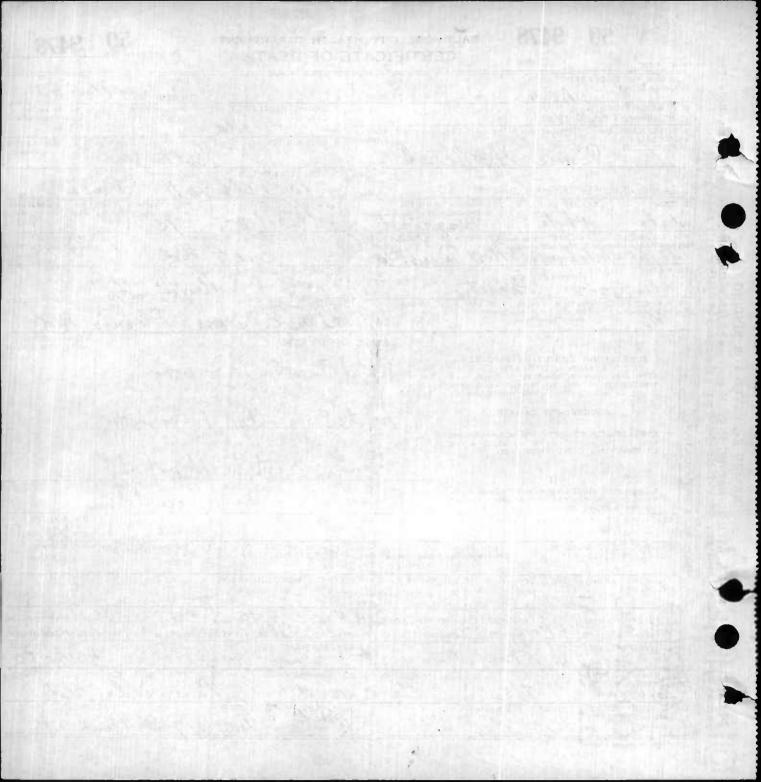


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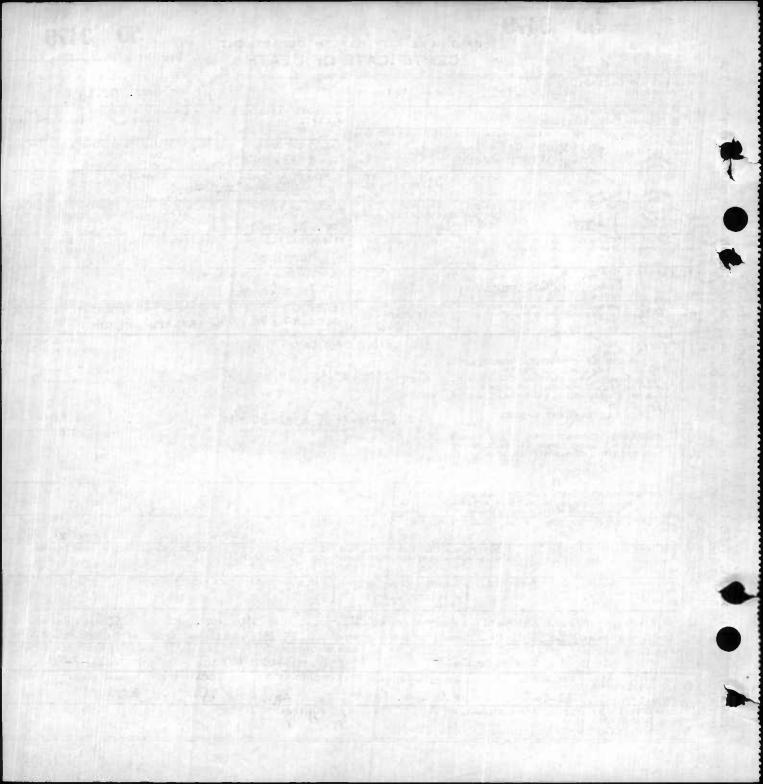
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

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The	В	IRTH NO. CERTIFICATE OF DEATH Registered No.
	1.	NAME OF DECEASED Type or Print) SAMUEL J. T. PROUTY 2. DATE OF DEATH 4 Nov' 50
supplied	Α.	Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY B. COUNTY B. COUNTY B. COUNTY B. COUNTY Control of the control of t
	II H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR Institution) C. CITY OR TOWN (If outside corporate limit, write KUK), and give township)
carefulegibly.	1 4	Yrs. O. STREET ADDRESS (If rural, give location)
(1)	-	Length of stay in Baltimore Mos. Days 1021 Abbott Over
y and	7	Male White Married 10/31/1875 last birthday) Months Days Hours Min.
shou	worl	12. CITIZEN OF WHAT COUNTRY? Aight Walehman Rest Traus. 6. 11. BIRTHPLACE (State or foreign country) What Country?
information of death	13	(Unteres NAME Harry Pronte Pronte
of infor	15 (Ye	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If you, give war or dates of service) SECURITY NO. 215-01-1968 Mrs. Go. E. Bitush Phoenix Md
		18. 447 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND OF ATH
Every item write the cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) OUE TO
INK. E	Z	ANTECEDENT CAUSES Acute Supporative Pyelonephrotis
NG IN	CATIO	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE OUE TO UNDERLYING CONDITION LAST.
ADI ician	TIFIC	11 Co Denga Postatic Hypertrophy
UNFADING Physicians:	CER	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE OISEASE OR CONDITION CAUSING IT. Arteriosclarate cardio-vasc-real districtions of the control of the con
1	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO
LY, WITH important.	1EDIC	21A. ACCIDENT, SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
	2	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? WHILE AT NOT WHILE
PLA		22. I hereby certify that I attended the deceased from 4 Nov., 19500 4 Nov., 1950that I last saw the
		deceased alive on 4 Nov 1, 19 50, and that death occurred at 5:15Pm., from the causes and on the date stated above. 23A. SCNATURE 23B. ADDRESS 23C. DATE SIGNED
E WR	2	Heory d. Trunster M.O. Sinai Hosp, 4Nov 50
set 2		Burial 1/1/50 Parkwood Parkwille Med.
PLE correct	L	ATE RECEIVED BY REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR ADDRESS Paul of.



E C	143055 IRTH NO. S	50 947 0-23842	9	LTIMORE CITY HE			0110
1.	NAME OF Diype or Print)	ECEASED	irl, S	nowden 'B'		2. DATE OF NOV.	4, 1950
A B. H	PLACE OF DI Baltimore (FULL NAME OSPITAL OR ISTITUTION	lity, Maryland		ntion, give street address or location) Spitals	A. STATE Marylan	NCE (Where deceased lived, li B. COUNTY d (If outside corporate limi	institution: residence before admission) ts, write RURAL and give township)
C	Length of s	tay in Baltimore		Life Yrs. Mos. Days	D. STREET ADDRES	elman Road	
5 F	. sex ema le Da. USUAL OC	6. COLOR OR RACE Negro CUPATION (Givekind of working life, even if retired)	WIDO	LE, MARRIED, WED, DIVORCED (Specify) NG 1 e D OF BUSINESS OR INDUSTRY	Nov. 2, 1950		ff Under 1 Year on this Days Hours Min. 2
		athew McColl			Jane Thor		
(Y	s, no or nninown)	D EVER IN U. S. ARMEI (If yes, give war or date	FORCES?	16, SOCIAL SECURITY NO.	Records- BCH	4940 Eastern Ave	enue
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Ш	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT ISEASE OR CONDITION	NOT RELA	TED			
AL C				R FINDINGS OF OPER	RATION		20. AUTOPSY?
MEDICAL							
	of INJURY 22. I herch deceased ai 23A. SIGNA	y certify that I att	m. tended th	e deceased from No. , and that death occur	ov. 2 , 19_5,	from the causes and on t	50that I last saw the the date stated above. 23c. DATE SIGNED 11-7-50
-	4A. BURIAL. (SON, REMOVAL (SON) TO THE COLUMN ATERICAL PROJECTIVE	D BY REGISTRAR		B.C. H. Creme			n, or county) (State) yland ADDRESS
1	OV 8 - 19	50 turk	volor	Hollians, Me			



2	50	50	9480	54 BA	989/ LTIMORE CITY H	EALTH DEPARTMENT		50 948	30
BI	RTH NO.	7-2	2113		CERTIFICAT	E OF DEATH	Registered	No.	
	NAME OF D	ECEASE		aby Bo	y Jackson		2. DATE OF DEATH Octo	ber 8,195	0
A,	PLACE OF D Baltimore (City, Ma				4. USUAL RESIDENCE (W A. STATE Maryland	here deceased lived. I	f institution : resi	
HC	SPITAL OR STITUTION	(Born	in Acci	dent R		\	outside corporate lim		and give
	Length of s				Yrs. Mos. Days	D. STREET ADDRESS (If r	ural, give location) Iger Street		
	sex (ale		or RACE	WIDO	E, MARRIED, WED, DIVORCED (Specify ngle	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year If Un Ionths Days Hou	nder 24 Hours ars Min.
10. work	dooe during most	of working li	ON (Give kind of fe, even if retired)	10B, KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or for		12. CITIZEN C	
13	FATHER'S					14. MOTHER'S MAIDEN NA			
			lam Jack			Mary Street			
Yes (Yes	5. WAS DECEASED EVER IN U.S. ARME (If yes, give war or date		D FORCES? 16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hospital Records				
RTIFICATION	(This does heart failt injury or DISEASE RISE TO	LEADII s not mes ire, asther complica ANTECE S OR CO	CONDITION NG TO DEA an the mode nia, etc. It mes tion which EDENT CAUSE NDITIONS, ITE CAUSE (A) EDENTION L	TH of dying, e. ans the disea caused deat SES IF ANY. GIVI STATING 1	R., (A)	enstud			
CERT	TRIBUTIN	G TO THE	ANT COND	NOT RELAT	TED				
7	19A. DATE				R FINDINGS OF OPE	RATION		20. AUTO	
EDICA	21A. ACCIDI HOMICIDE	ENT. SUI (Specif			ACE OF INJURY (e. g., farm, factory, street, office bldg.		in Baltimore City,	give exact locat	NO L
Σ									
	22. I hereb deceased a 23A. SIGNA	live on	y that I at	tended the 8, 19_50,	and that death occu	tober 8, 1950, to Oct urred at 3:46A on., from the 23B. ADDRESS	ober 8, 19	50that I last the date state	d above
24	A. / BURIAL	CREMA-	24B. DATE	ndfl	M. D.	601 N. Broad		10-11-5	
TIC	N. REMOVAL (S	Specify)			Habi	(TOQ1 35 8)	7 m 13 6 6 m		
LC	TE RECEIVE CAL REGIST	RAR	REGISTRAR	SSIGNAT	I Williams 10	25. FUNERAL DIRECTOR	7	ADDRESS	

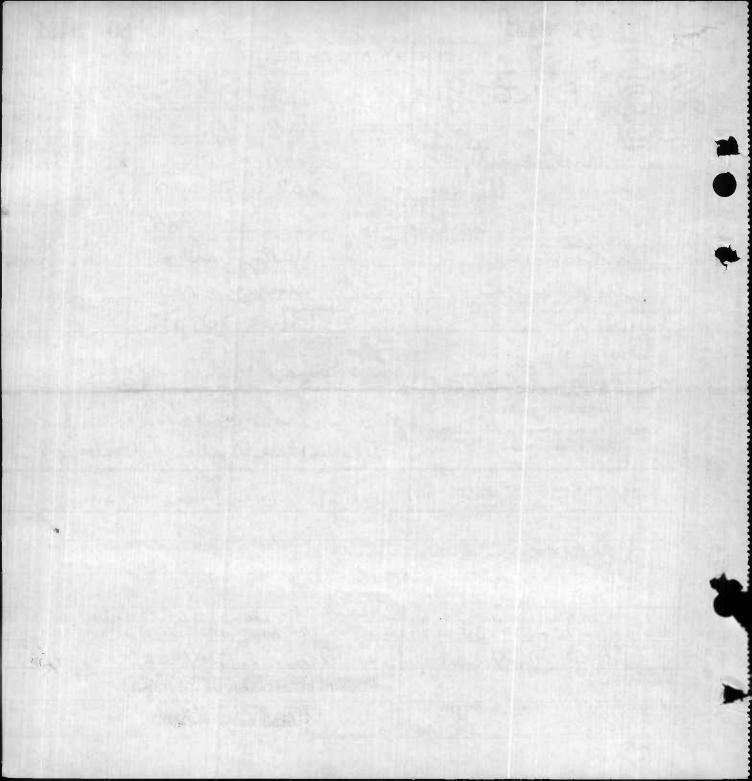
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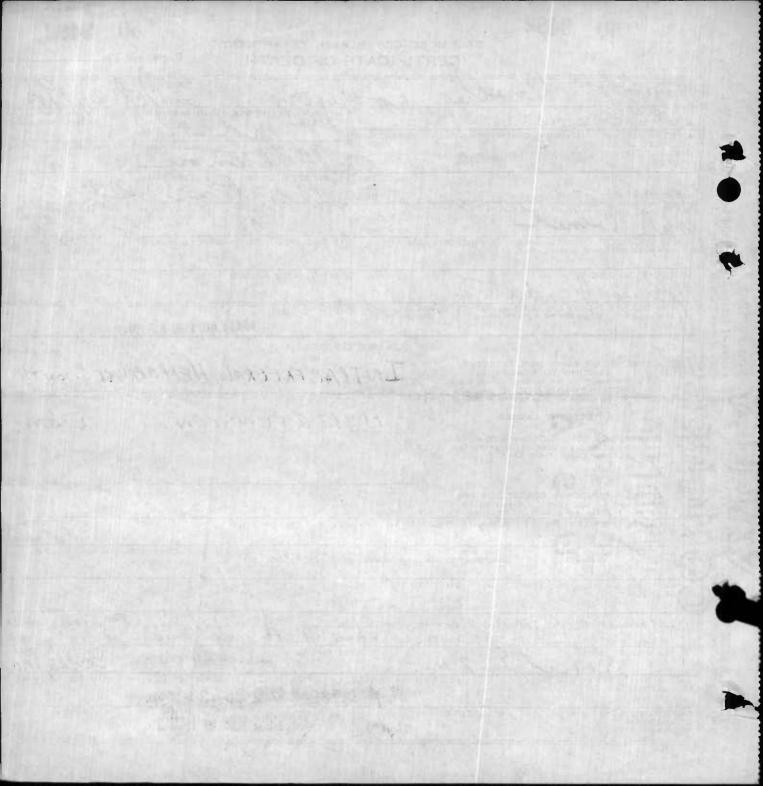
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Н	EO 0404		m (2)	0.101
100	100 50 9481 BALTIMORE CITY H	EALTH DEDARTMENT	50	9481
		EALTH DEPARTMENT	Registered No.	
В	IRTH NO.	E OF DEATH	Registered No.	
1.	NAME OF DECEASED		2. DATE /	
(T	Type or Print) RADERT GRAY		OF DEATH /0/2	3/50
	PLACE OF DEATH:	4. USUAL RESIDENCE (W		titution : residence
	Baltimore City, Maryland	A. STATE	B COUNTY	before admission)
	FULL NAME OF (If not in hospital or institution, give street address o		and the state of t	
	STITUTION	Balt	outside corporate limits, w	township)
5	Mulrily	34111MOI		
F	Yrs. Mos.	2 4 6 61	ural, give location)	
	Length of stay in Baltimore Days	1 301 3. 21	MARP ST.	
5.	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED (Specify	8. DATE OF BIRTH	9. AGE (in years of Und last birthday) Month	s: Days Hours: Min.
	M W Unhuser		64	
10	A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR INDUSTRY)	11. BIRTHPLACE (State or for	eign country) 12	CITIZEN OF
701	i done during most of working life, even if retired)	We Ruders	1	WHAT COUNTRY
13	FATHER'S NAME	14. MOTHER'S MAIDEN NA	ME	MIT CHOM
	11.10	1110		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	uniono	un _	
(Ye	s, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADD ADD	RESS
_	unchoun	Tolke to	en.	
10	18. 592 X CAUSE	OF DEATH	4	INTERVAL BETWEEN
Н	DISEASE OR CONDITION DIRECTLY	1 1	1 1	I AND DEATH
	(This does not mean the mode of dying, e.g.,	monie, st	ower love	
-	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		·	
ы			1 1	DI DUNITEDIO
	ANTECEDENT CAUSES) to the a	Jake D. T.	
6	DISEASES OR CONDITIONS, IF ANY, GIVING	MULAUNIA M. B.	my and	pri
ATION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	· A	De alexander	
U	(c)	mee and we	ar grownia	ruepa.
IFIC	11			
RTI	OTHER SIGNIFICANT CONDITIONS CON-		Λ.	
O.	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	here Gerelo	vare, des	
,	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPE	RATION		20. AUTOPSY?
¥	7			YES NO
EDIC	21A. ACCIDENT WAS UNDER. 21B. PLACE OF INJURY (c. g.,		in Baltimore City, give	exact location)
	LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.	etc.) INJURY OCCUR?		
Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURF	RED 21F. HOW DID INJURY	OCCUR?	
	OF INJURY WHILE AT NOT WHILE		OGGGILI	
ь.	m. WORK AT WORK			
	22. I hereby certify that I attended the deceased from	0 -21 , 1950 to	10-23,1950t	hat I last saw the
	deceased alive on 10-23, 19,50 and that death occu	rred at 4 36 A.m., from th	e causes and on the	date stated above.
		23B. ADDRESS		3c. PATE SIGNED
	alun VI Herboard M. D.	Ulmersit	Warp.	10/44/50
2	4A. BURIAL, CREMA- 24B. DATE 24C. NAME OF CEMET	BY SECTION AND ASSESSED NCE ASSESSED NCE ASSESSED ASSESSE	CATION (City town, or	evunty) (State)
111	JII, KEMOTKE (Specity)	WILLIAM INTERPRETATION OF THE	13 03330	
	ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	E Washing Al	DDRESS
L	CAL REGISTRAR	COMMISSIONEY	a Madual	

6. 4. 4. 3



11_	50 9482	50	9482						
		EALTH DEPARTMENT							
I I	IRTH NO.	E OF DEATH Registered N	0,						
	NAME OF DECEASED NORTH ROT	daers 2. DATE OF DEATH Ct.	27,1950						
1	. PLACE OF DEATH: . Baltimore City, Maryland . FULL NAME OF (If not in hospital or institution, give street address or	4. USUAL RESIDENCE (Where deceased lived, If	nstitution: residence before admission)						
1	OSPITAL OR IONES HOPKINS HOSPITAL		, write RURAL and give						
	Length of stay in Baltimore Yrs. Days	D. STREET ADDRESS (If ryral, give location)	1						
	SEX 6. COLOR OR RACE 7. SINGLE. MARRIED, WIDOWED, DIVORCED (Specify,		Under 1 Year M Under 24 Hours this Days Hours Min.						
	OA. USUAL OCCUPATION (Give kind of rk done during most of working life, even if retired) INDUSTRY		12. CITIZEN OF WHAT COUNTRY?						
	FATHER'S NAME Pendelton	14. MOTHER'S MAIDEN NAME							
0	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.		DDRESS						
-	1 221 CAUSE	JOHAS HOPKINS HOSPITAL	INTERVAL BETWEEN						
	18. 33/4 CAUSE OF DEATH								
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	RACEREBRAL HEMORRYA	GE 5 MON THS						
Z	ANTECEDENT CAUSES	YPERTENSION	ZYEARS						
ATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.								
PTIFIC	(c)								
, G H	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
I V	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPER	RATION	20. AUTOPSY						
FOICE	21A. ACCIDENT. SUICIDE. HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., about home, farm, factory, street, office bldg.	in or 21c. WHERE DID (If in Baltimore City, g	ive exact location)						
2	21b. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURR OF INJURY WHILE AT NOT WHILE								
	22. I hereby certify that I attended the deceased from 5/2, to /6/27, 1950, that								
1	deccased alive on 16/2/, 1912, and that death occu	rred at 9 Am., from the causes and on th	e date stated above.						
	Robert 7. Treen M.D.	238. ADDRESS	DE 28 AND						
i	4A. BURIAL CREMA- ION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMET	RY OR CREMATORY 24D. LOCATION (City, town, DITY MEDICAL SCHOOL OCT, 3: 0.1950)	or county) / (State)						
1	OATE RECEIVED BY OCAL REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS						
=	VS 150	a. 1. 1. 1	083 a						



UNFADING INK. Every item of informatic should be refured the supplied. Physicians: please write the causes of death wearly and regibly.

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BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 9483

-	NO			CERTIFICAT	E OF DEAT	H	Registered	No	
BIRTH		ara.				1			
(Type o	TE OF DECEA or Print)		orge S	tevenson Weasn	er		OF DEATH Nove	mber 3	1950
	CE OF DEATH timore City,				A. STATE		here deceased lived. I	f institution	
	L NAME OF	(If not in hospit	al or institu	ution, give street address o	Mary			No.	
INSTIT				location	c. CITY OR TOWN	۱) (If	outside cor orage lim	its/write Re	RAL and give township
00		3804 Fa	lls Ro	ad		imore	12	-	township,
		70.14		Yrs. Mos.			rural, giv location)		
c. Len	gth of stay in			years Days		Falls			
		LOR OR RACE	WIDO	LE, MARRIED, WED, DIVORCED (Specify			9. AGE (in years last birthday)		
Ma.		White TION (Give kind of		rried ID OF BUSINESS OR	Sept. 23.	1897	53	140 0170	
work done	during most of work!	ng life, even if retired)		INDUSTRY	4		oreign country)	12. CITI	ZEN OF AT COUNTRY
	orman		Ideal	Theatre	Pennsylv			U	SA
	THER'S NAME				14. MOTHER'S MA				
	lliam Wea				Caroline	Steve	nson		
(Yes, no or	runknown) (If	R IN U, S. ARMEI	D FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No	0			215-05-1:091	Mrs. Sarah	C. We	easner 380	4 Falls	Road
ERTIFICATION	ANTE DISEASES OR GRISE TO THE ABJINDERLYING OTHER SIGNIF	nean the mode of henia, etc. It mea lication which of the company	Ins the disercaused dearest de	ING THE DUE TO (C) TED	Carlise fa	elur	,		
19A	DATE OF OP	ERATION 1		R FINDINGS OF OPE	RATION			20.	AUTOPSY?
Y								YES	No [
LY	A. ACCIDENT ING OR CONUSE OF DEAT	NTRIBUTING		LACE OF INJURY (e. g., e, farm, factory, street, office bldg.			f in Baltimore City,	give exact	location)
OF	INJURY	n) (Day) (Year)		21E. INJURY OCCURE WHILE AT NOT WHILE WORK AT WORK					
dec	I hercby cer eased alive o	tify that I att	tended th	e deceased from Do	rred at 7 45 P. m	9, to, from to	Nov. 3, 195 he causes and on	O, that I the date s	last saw th
		Mureen	HOPE	M. D.	846 W. J	6	01.	MOU.	4,1900
24A. E	URIAL, CREMA MOVAL (Specify	24B. DATE		24c. NAME OF CEMET	ERY OR CREMATORY	240. L	OCATION (City, tow	n, or county) (State)
Bur	ial	Nov. 6.	1950	Woodlawn		Bal	timore Co.,	Marvla	and
DATE	RECEIVED BY	REGISTRAR	S SIGNAT	WRE.	25. FUNERAL DIE	RECTOR		ADDRES	SS

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3631 Falls Road

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NDING	f informatie	es of death cre
MARGIN RESERVED FOR BINDING	Y, WITH UNFADING INK. Every item of informatial should be	ect age is especially important. Physicians: please write the causes of death crearly and legibly
RESER	INK.	please
MARGIN	UNFADING	Physicians:
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	ANE WRITE I	age is
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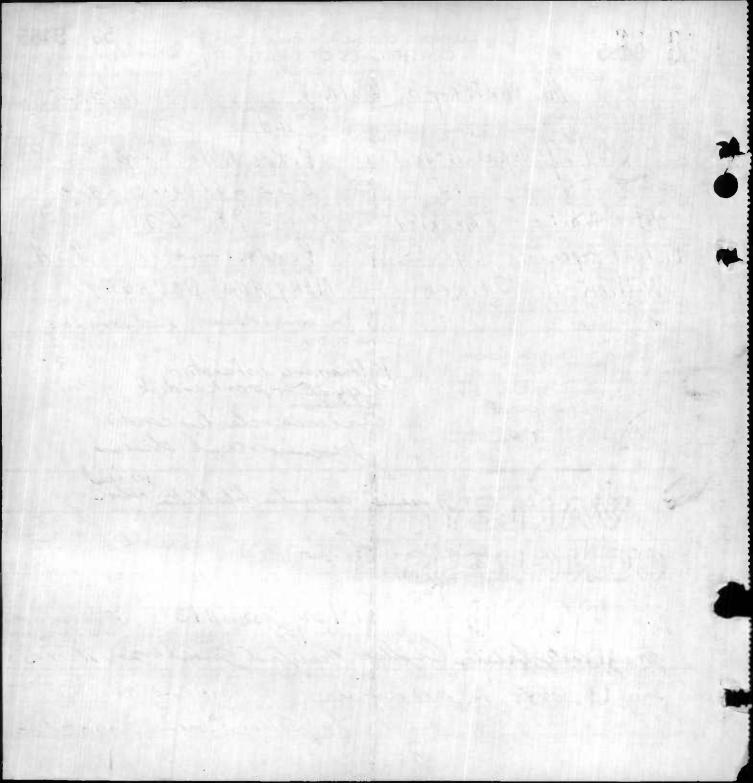
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9484

BIRTH NO.		
1. NAME OF DECEASED (Type or Print)	RAH ELIZABETH WILLI	AMS 2. DATE NOV. 3, 1950
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE B. COUNTY before admission
B. FULL NAME Rome (I frot in hamital Hospital OR INSTITUTION 2211 W. Roger	Afed of Church Church Save.	C. CITY OR TOWN (If outside corporate imits, write RUIAL and give township
	Yrs.	
c. Length of stay in Baltimore	Mos. Days	2211 W Damana Ama
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE (In years) If Under 1 Year If Under 24 Hours
female white	WIDOWED, DIVORCED (Specify	Jan. 10, 1857 93
10A. USUAL OCCUPATION (Givekind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
none		Maryland
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Richard Clark William	IS	Caroline Carter
15. WAS DECEASED EVER IN U. S. ARMED (Yes, no or unknown) (1f yes, give war or dates	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	none	Mrs. Mamie B. Fisher 2211 W. Rogers Ave.
(This does not mean the mode of heart failure, asthenia, etc. It mean injury or complication which expending the mean injury or complication which expends the mean that mean the mode of heart failure, asthenia, etc. It mean injury or complication which expends the mean that mean the mode of heart failure, asthenia, etc. It mean injury or complication which expends the mean that mean that injury or complication which expends the mean that mean that injury or complication which expends the mean that injury or complication which injury or complication which injury or complication which expends the mean that injury or complication which injury or complication whinjury or complication which injury or complication which injury o	TANY, GIVING STATING THE DUE TO ST. (C)	Tenoseleronis 15 years
TRIBUTING TO THE DEATH, BUT I	NOT RELATED	
19A. DATE OF OPERATION . 119	98. MAJOR FINDINGS OF OPE	ERATION 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., ebout home, farm, factory, street, office bldg.	
21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURE	RED 21F. HOW DID INJURY OCCUR?
OF INSURT	m. WHILE AT NOT WHILE	
22. I hereby certify that I atte		
deceased alive on non 2	1950 and that death neces	urred at 3. PAn., from the causes and on the date stated above
23A. SIGNATURE		23B. ADDRESS 23c. DATE SIGNED
arrhus	& Hanes M.D.	800W3814 St 11-4-50
24A. BURIAL, CREMA- TION, REMOVAL (Specify)	24c. NAME OF CEMET	TERY OR CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 11/6/50	Balto. Cem.	Balto., Md.
NOV 6 - 1050	s signature	25. FUNERAL DIRECTOR Jacker & Saw. Salto
VS 150		093d Md.

PROF. S. INST.

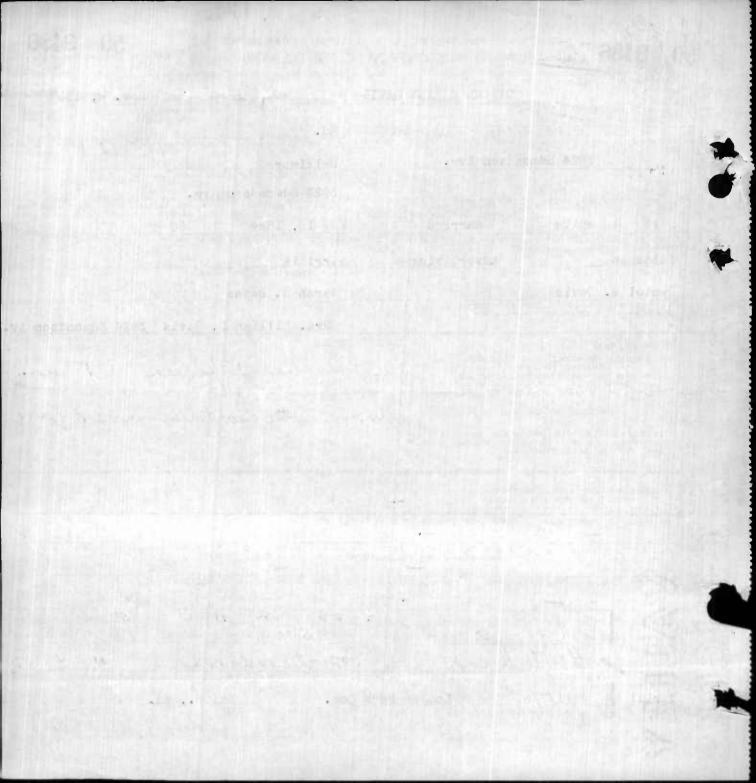
B	5	0 0405	EALTH DEPARTMENT Registered N	50 9485
. The	1.	NAME OF DECEASED MR M. 11th page H By	2. DATE OF //	12/0
supplied	Α.	PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission
46	H	FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION MA GENERAL HOSP, FALL OSP, FALL	C. CITY OR TOWN (If outside corporate limits	s, write RURAL and give township
efr	C.	Length of stay in Baltimore /5 Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	LANE
NG rmatic should be death clearly and		6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8 PATE OF BIRTH, 9. AGE (In years last birthday) Mo	Under 1 Year If Under 24 Hour nths Days Hours Min
	wnr	OA. USUAL OCCUPATION (Give kind of the property of the control of the property of	CNNAPHILA	12. CITIZEN OF WHAT COUNTRY
		5. WAS DECEASED EYER IN U. S. ARMED FORCES? 16, SOCIAL	MARY ANN DONAGI	44
R BINDII	(Ye	(If yes, give war or dates of service) SECURITY NO.	MRS. KATHRYN M. BULMER 562 SUDBA	
or it		DISEASE OR CONDITION DIRECTLY	nonary infarction,	INTERVAL BETWEE ONSET AND DEAT
ESERVED INK. Every ease write the	Z	ANTECEDENT CAUSES	gral + pericardial fusion terio selentis carda	; -
G I	FICATION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	rescular real dises	
MARGIN UNFADIN Physicians:	CERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	annicular fibrillation bala	al L
H.	CAL	19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPER		YES NO
LY, WITH	MEDI	21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING about home, farm, factory, street, office bldg.,		rive exact location)
ally in		21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURR OF INJURY m. WHILE AT NOT WHILE AT WORK		
TE			0/22 1950 to 11/3, 195 rred at 92 m., from the causes and on th	that I last saw the date stated above
E WRITE	_	Muquette Louisa Carolle	Marylad Gened 1/2	239 PATE SIGNED
PL E	_	ON, REMOVAL (Specify) BURIAL 11-6.50 DRUID RIDGE	CEM PINESULLE MD	
PL		NAV6 = 1950	Am. J. Tickner & Lone Inc. No.	address ath Pallves
		290 41	?	1312



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 9486

BIRTH NO.		CERTIFICATI	L OI DLAIII		
1. NAME OF (Type or Print)		DANTEL MACCEY DANTE		2. DATE OF	
3. PLACE OF		DANIEL MASSEY DAVIS	4. USUAL RESIDENCE (W	DEATH NOV	• 4, 1950 f institution: residence
B. FULL NAM	City, Maryland OF (If not in hospit	tal or institution, give street address or	Md.	B. COUNTY	before admission)
HOSPITAL OF		location)	C. CITY OR TOWN (If	outside corperate lim	its write AURAL and give
00	3924 Edmor		Baltimore	10	township)
Y 13 6	4 . 75 111	Yrs. Mos.		rural, give focation)	
5. SEX	stay in Baltimore	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE (in years)	If Under 1 Year If Under 24 Hours
male	white	widowed, divorced (Specify) married	May 16, 1884	last birthday) M	onths Days Hours Min.
work done during mo	CCUPATION (Give kind of tof working life, even if retired)	108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
Salesme		Advertising Agency	Virginia /		
			14. MOTHER'S MAIDEN NA	AME	
	M. Davis	D FORCES? 16. SOCIAL	Sarah W. Bates		
(Yee, no or unknow	(If yes, give war or date	SECURITY NO.	17. INFORMANT		ADDRESS
18 1/2	0 0	CALLEE	Mss. Lillian L.	. Davis 392	4 Edmondson AT
18. 42 DISE	ASE OR CONDITION	DIDECTIV		7	ONSET AND DEATH
	LEADING TO DEA	of dving, e.g., (a) auch	hyocardial	Lastare	15 mis.
heart fai	lure, asthenia, etc. It mes r complication which	ans the disease, caused death.) DUE TO			***************************************
	ANTECEDENT CAU	ses +	hyocardial postic hear	412	>
Z		(B) arreno	sorcerotic hear	andere	- 3 yers
RISE TO	ES OR CONDITIONS, I THE ABOVE CAUSE (A) "YING CONDITION L	STATING THE DUE TO			
Ü	ZIMO CONDITION L				
OTHER	II.				
M TRIBUTII	SIGNIFICANT COND	NOT RELATED			
U TO THE	OF OPERATION	CAUSING IT			20. AUTOPSY?
7	_	- OF EL	ATTON		YES NO
21A. ACCI LYING CAUSE OF	DENT WAS UNDER-	21B. PLACE OF INJURY (e. g., i about home, farm, factory, street, office bldg.,		f in Baltimore City,	give exact location)
21D. TIME	(Month) (Day) (Year)(Hour) 21E. INJURY OCCURR	ED 21F. HOW DID INJURY	OCCUR?	
OF INJUR		m. WHILE AT NOT WHILE AT WORK			
22. I here	by certify that I at	tended the deceased from 2 -	26 , 1949, to 11		D, that I last saw the
deceased	alive on 11-4	_, 19.50 and that death occur	rred at 5 104 m., from the	he causes and on	
23A. SIGN	ATURE MATTE	HOAA 5	3921 Edwardson	10	23C. DATE SIGNED
24A. BURIAL.		24c. NAME OF CEMETE		OCATION (City, tow	
Burial	(Specify) 11/7/50	Loudon Park	Cem - Roll	Lto. Md.	
DATE RECEIV	ED BY REGISTRAR	'S SIGNATURE	25. FUNERAL DIRECTOR	1	ADDRESS
LOCAL REGIS	OFO	Tillians, Ab	2/m. 410 in	Janey Y X	his- (sello
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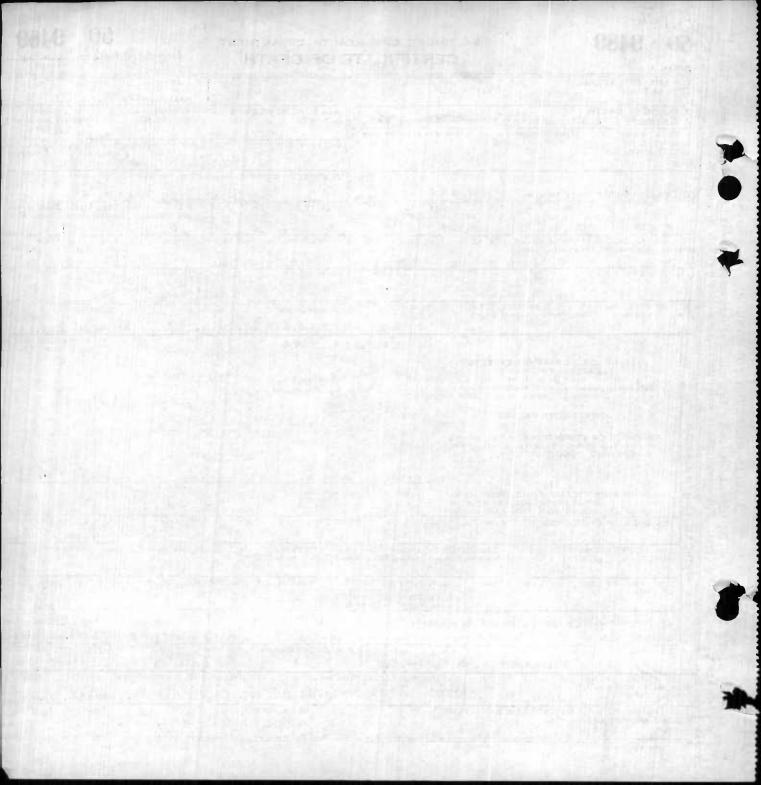
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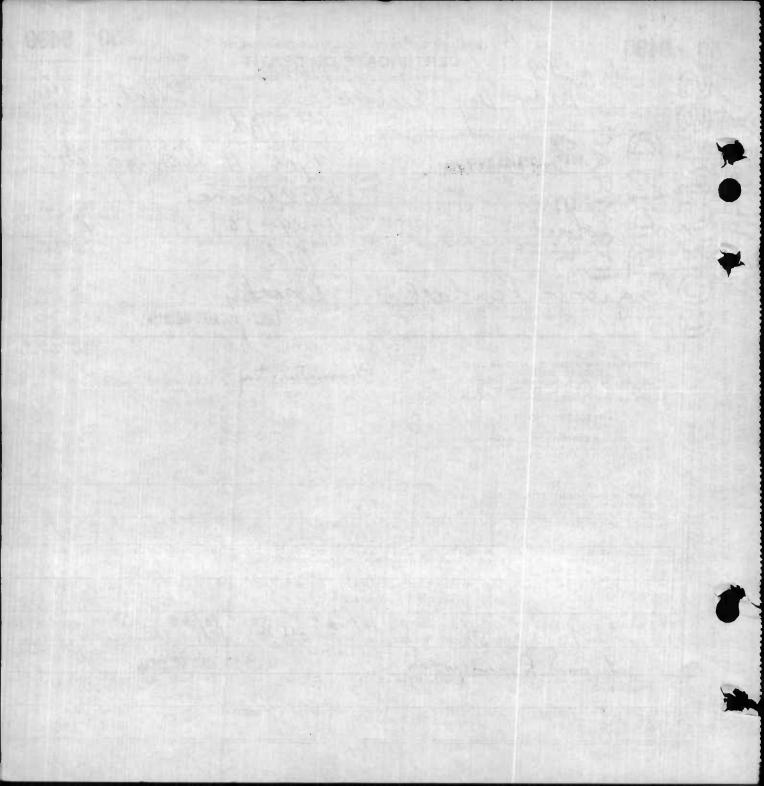
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UNFADING	Physicians:	
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E WRITE I	age is especially important. Physicians: please write the causes of death clearly and legibly.	

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	9489
Registered	No.	

BI	RTH NO.						
	NAME OF DE		ENA LEI	MBACH		2. DATE OF DEATH NOV	. 3, 1950
A.		ity, Maryland 42	9 A. Ke	enwood Ave.	4. USUAL RESIDENCE A. STATE		
HC	FULL NAME (SPITAL OR STITUTION	OF (If not in hospita	ıl or institut	ion, give street address or location)	c. CITY OR TOWN	73	nits, write BURAL and give
1	<u> </u>				Baltin		
C.	Length of st	tay in Baltimore	lif	e Yrs. Mos. Days	d. STREET ADDRESS	(If rural, give location) Collins Aver	nue
	sex Cemale	6. COLOR OR RACE		E, MARRIED, /ED, DIVORCED (Specify)	B. DATE OF BIRTH Aug. 14,1895	9. AGE (In years)	Months Days Hours Min.
10	A. USUAL OC	CUPATION (Give kind of f working life, even if retired)		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	none		non	е	Baltimore, 1	ld.	U.S.
13	. FATHER'S N	AME			14. MOTHER'S MAIDEN	NAME	
		August Le	eimbach			Elizabeth Wa	agner
15 (Yes	. WAS DECEASE	D EVER IN U, S. ARMED (If yes, give war or dates	FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
				none	Marguerite Lamb	din. 429 N. H	Senwood Ave.
	18. 260	*		CAUSE	OF DEATH		INTERVAL BETWEEN
RTIFICATION	heart failuinjury or DISEASES RISE TO TI UNDERLY	LEADING TO DEAT not mean the mode of re, asthenia, etc. It mean complication which of the complication which of the complication which of the complication which of the complication which complitions, in the above cause (A) ring condition Lawrence (A) ring condition (A) ring condit	f dying, e., ns the diseas aused death ses F ANY, GIVII STATING TIST. TIONS CO.	(B)	romy d	ranbous	•
	TRIBUTING	TO THE DEATH, BUT	NOT RELAT	ŁD .	***************************************		
AL (FINDINGS OF OPER	RATION		20, AUTOPSY?
MEDICAL	21A. ACCIDE HOMICIDE	NT, SUICIDE, (Specify)	218. PL/ about home,	ACE OF INJURY (e. g., i farm, factory, street, office bldg.,	n or 21c. WHERE DID INJURY OCCUR?	(If in Baltimore City	7, give exact location)
-	21D. TIME (OF INJURY	Month) (Day) (Year)		21E. INJURY OCCURR WHILE AT WORK AT WORK		JRY OCCUR?	
	22. I hereby	y certify that I att	ended the	deceased from Sc	T (6, 19 Se, to	Mrs 3, 19	that I last saw the the date stated above.
	23A. SIGNAT	TURE Edward	20	and that death occur	38. ADDRESS	n the causes and on	23c. DATE SIGNED
TIC	A. BURIAL, CON, REMOVAL (S	REMA- 248 DATE		24c. NAME OF CEMETE	ang ChurchCEm.		
D	ATE RECEIVED	D BY REGISTRAR'			Schimunek Fune 2601-8-5 E. Ma	R	ADDRESS
-	VS 150	6	-		agout (So ; III)		





PLES N

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50 at		9491	REA-142991	BAI	CERTIFICAT
	1.	NAME OF D ype or Print)		Boy Hol	loway-Fannie
supplied.	3. A.	PLACE OF D Baltimore			
	В.	FULL NAME		ty Hosp	ion, give street address or location)
efr.	+	}	4940 Pastern	Avenue	Yrs.
egi			tay in Baltimore		Life Mos.
should be	5.	Male	6. COLOR OR RACE	WIDOV	E, MARRIED, VED, DIVORCED (Specify) ngle
sho	10 work	A. USUAL OC done during most	CUPATION (Give kind of working life, even if retired	10B. KINE	OF BUSINESS OR INDUSTRY
ath	13	. FATHER'S	NAME Millard	Ludd	
NDIN infor	15 (Yes	. WAS DECEAS s, no or nnknown)	ED EVER IN U. S. ARMI	D FORCES?	16. SOCIAL SECURITY NO.
MARGIN RESERVED FOR BINDING NFADING INK. Every item of information sysicians: please write the causes of death		(This does	SE OR CONDITION LEADING TO DE, s not mean the mode ure, asthenia, etc. It m complication which	ATH of dying, e. eans the diseas	se,
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he	AL		OF OPERATION		FINDINGS OF OPER
	EDIC	21A. ACCIDI HOMICIDE	ENT. SUICIDE. (Specify)		ACE OF INJURY (e. g., i farm,factory,atreet,office bldg.
ALY, If impo	M	21d. TIME OF INJURY	(Month) (Day) (Yea	r) (Hour)	21E. INJURY OCCURR WHILE AT WORK AT WORK
E I		22. I hereb	by certify that I a live on 10-31	ttended the	

ORE CITY HEALTH DEPARTMENT RTIFICATE OF DEATH

Registered No. 2. DATE DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. STATE Maryland B. COUNTY before admission) C. CITY OR TOWN RURAL and give township) Balt imore D. STREET ADDRESS (If rural, give location) 1449 W. Hamburg Street 8. DATE OF BIRTH 9. AGE (In years | | Under | Year | If Under 24 Hours | last hirthday) | Months | Days | Hours | Min. Oct. 31, 1950 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Maryland 14. MOTHER'S MAIDEN NAME Fannie Mae Mitchell 17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue NTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH Since Birth Prematurity Since Birth Fetal Atelectasis 20. AUTOPSY

DINGS OF OPERATION YES X (If in Baltimore City, give exact location) OF INJURY (e. g., in or actory, street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? INJURY OCCURRED 21F. HOW DID INJURY OCCUR? NOT WHILE AT WORK 10 - 311950 to 19 50 that I last saw the eased from and that death occurred at 8:40A m. from the causes and on the date stated above. 23c. DATE SIGNED 23B. ADDRESS 4940 Eastern Avenue 11-2-50 240. LOCATION (City, town, or county) 24c. NAME OF CEMETERY OR CREMATORY Maryland . Crematory Baltimore ADDRESS 25. FUNERAL DIRECTOR

Cremation DATE RECEIVED BY

23A. SIGNATURE

24B. DATE

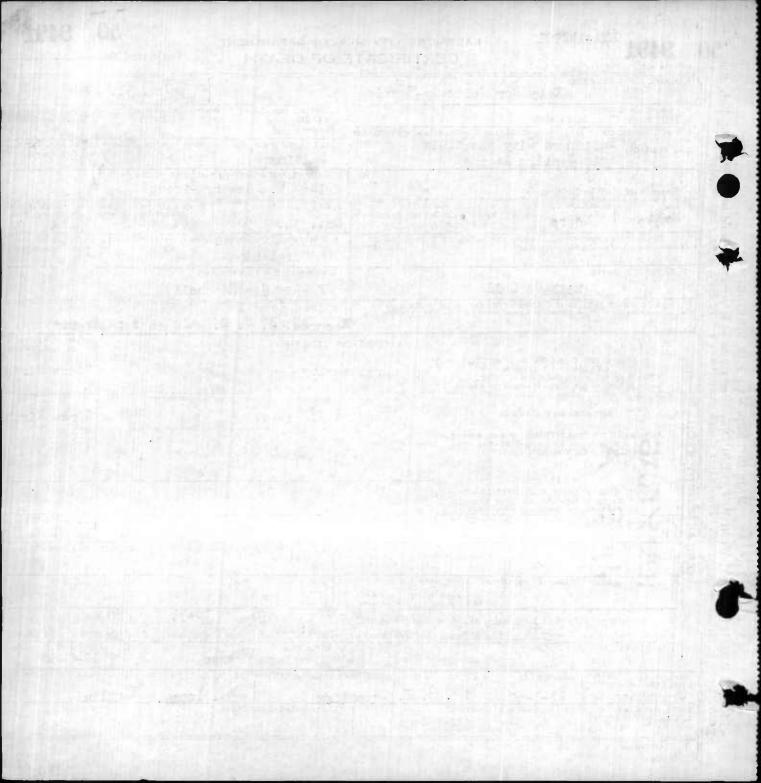
11-2-50

REGISTRAR'S SIGNATURE

Marile, M

24A. BURIAL, CREMA-

LOCAL, REGISTRAR



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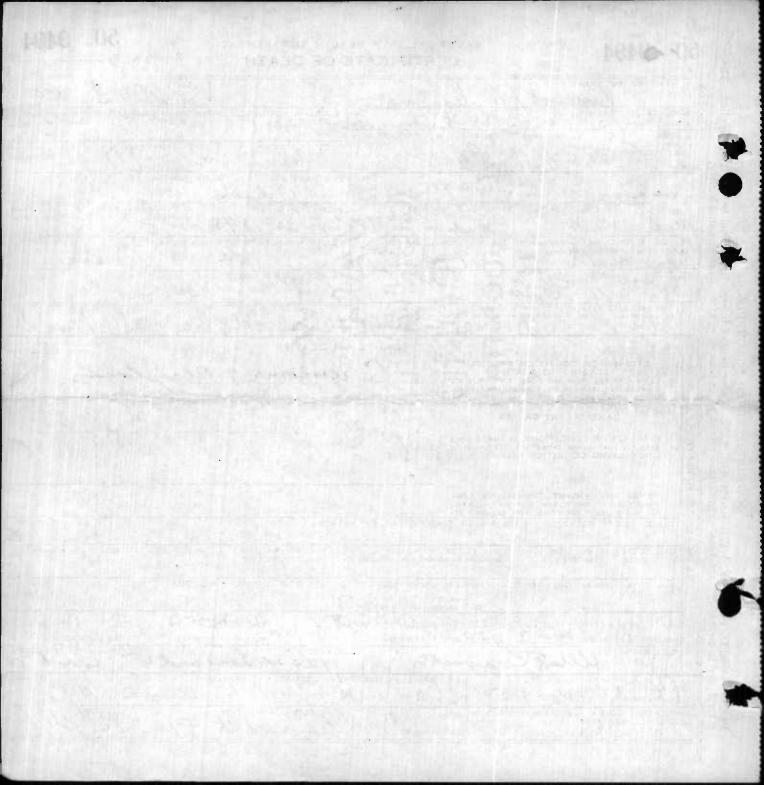
6	-	200				0.100	
)	50) 9455	IMORE CITY HEAL SERTIFICATE		Registered No.	0 9493	
The	1.	NAME OF DECEASED Stype or Print) William Schek			2. DATE OF DEATH //-4	- (T)	
supplied.		PLACE OF DEATH: Baltimore City, Maryland		. USUAL RESIDENCE WESTATE			
ding	H	FULL NAME OF (If not in hospital or institution OSPITAL OR ISTITUTION	1 4: \	CITY OR FOWN US	utside corporate limits, v	vrite RULAL and giv	
bly.	9	V.D. Flanklin) Sq	7 . Yrs. Mos.	STREET ADDRESS (If ru	aral, give location)		
be degibli	PARTY.	. SEX 6. COLOR OR RACE 7. SINGLE. WIDOWEI	Days 8. D.	DATE OF BIRTH	9. AGE (In years H Und last birthday) Month	for I Year If Under 24 Hours ns: Days Hours Min.	
hould be		DA. USUAL OCCUPATION (Give kind of 10B. KIND Cok done of higher most of yorking life, even if retired)	OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or fore	eign country) 12	CITIZEN OF WHAT COUNTRY	
ion clear		3. FATHER'S NAME	Bus (R)	MOTHER'S MAIDEN NAM	ME		
IDING informatio of death of			16. SOCIAL 17	. INFORMANT	- ADD	PRESS	
BINDING of inform uses of dea	(2)	es, no nr nnknown) (If yes, give war or dates of service)	213-14-442	Mis James	Willson 8	217	
FOR BIN item of ithe causes		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	n 1		INTERVAL BETWEE	
THE THE		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	DUE TO	ry declusion	***************************************		
03	_	ANTECEDENT CAUSES		selevolie Hux	+ Disease		
G INK.	ATION	DISEASES OR CONDITIONS. IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
MARGIN UNFADING Physicians:	TIFIC/	II OTHER SIGNIFICANT CONDITIONS CON-					
MA JNF	CERT	TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INDINGS OF OPERATI	ON		20. AUTOPSY?	
н.	AL		E OF INJURY (e.g., in or		in Baltimore City, give	YES NO	
Y, WITH important.	EDIC		m, factory, atreet, office bldg., etc.)	INJURY OCCUR?	an indicate ordinate		
y mp	Σ	OF INJURY WH	ILE AT NOT WHILE AT WORK	21F. HOW DID INJURY	OCCUR?		
Pi		22. I certify that I took charge of the remains described above, held an Autopsy Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated at					
RITE is est		and death in my opinion resulted fro	sy, Inspection or Inquesim: natural causes K	l, accident 🗌, suicide [], homicide [], und	day stated above letermined □. DATE SIGNED	
PLEASE WRITE P.	2	William // South	M.D.	ASSISTANT MEDICAL EX MEDICAL INVESTIGATO	KAMINER	5-50	
LEA:		Besself Mon 8/50	Louclan (Pack B	alto mo	DDRESS /	
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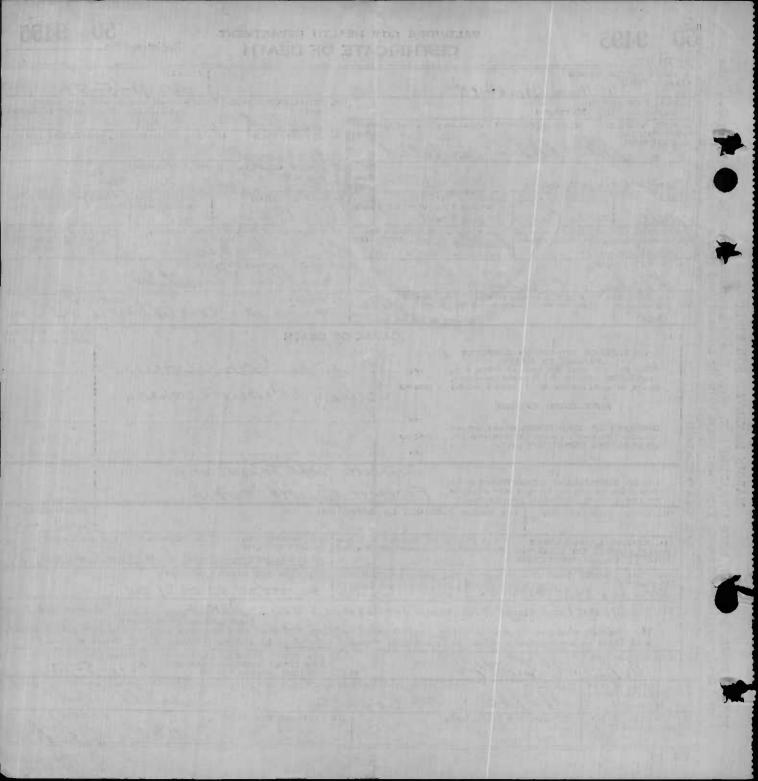
on thould be fund supplied. The	1. (T 3. A. B. HC	
Every item of information write the causes of death	13 15 (Yes	. WAS DECEASED E. , no or unknown) (18. / 50 X DISEASE ((This does not heart failure, a injury or con
TE P LY, WITH UNFADING INK. especially important. Physicians: please	MEDICAL CERTIFICATION	DISEASES OF RISE TO THE UNDERLYING OTHER SIGN TRIBUTING TO THE DISEATED TO TH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

	50	9494
Registered	No.	

	BI	RTH NO.				
		NAME OF DECRASED ype or Print) MCLINI	McClain		2. DATE NOV 3	50
1	A.	Baltimore City, Maryland	25642 felkins au	4. USUAL RESIDENCE (W	here deceased lived. If insti B. COUNTY	tution: residence before admission)
		FULL NAME OF (If not in hospital	al or institution, give street address or location)			
	On On	STITUTION 2564 Wilk		C. CITY OF TOWN (If	outside corporate limits wr	township)
	c.	Length of stay in Baltimore	Goyr Yrs. Mos. Days	2564 Hilks	rural, give location)	
	200	SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Ofr 20-1875	9. AGE (In years H Under Months	
	10 work	A. USUAL OCCUPATION (Give kind of done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or fo	reign country) 12.	CITIZEN OF WHAT COUNTRY?
1	-	yar malur	ugur pufg	Ca.		sa.
	13	Marther's NAME Colo	zin	Catherine		
	15 (Yes	. WAS DECEASED EVER IN U. S. ARMED , no or unknown) (If yes, give war or dates	of service) 16. SOCIAL SECURITY NO. A 217-16-3495.	J. INFORMANT Sylvester MCC	lain 1038 Po	ntrac St
		18. 150%	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		DISEASE OR CONDITION	DIRECTLY			ONSE! AND DEATH
		(This does not mean the mode of		remomaz	assaylage	
		heart failure, asthenia, etc. It mea injury or complication which o		0		
		ANTECEDENT CAUS	SES			
	Z O	DISEASES OF CONDITIONS	(B)	***************************************	***************************************	***************************************
	F	DISEASES OR CONDITIONS, II RISE TO THE ABOVE CAUSE (A) UNDERLYING CONDITION LA	STATING THE DUE TO			
- il	CA	ONDEREFING CONDITION EX	(0),			
	E	11	(C)			***************************************
	ERTI	OTHER SIGNIFICANT CONDI				
	Ü	TO THE DISEASE OR CONDITION		PATION		20. AUTOPSY?
	AL	13A. DATE OF OPERATION O	SE MAJOR PINDINGS OF OPER	KATION		YES NO
	DIC	21A. ACCIDENT, SUICIDE,	218. PLACE OF INJURY (e.g., in		f in Baltimore City, give	
	ш	HOMICIDE (Specify)	about home, farm, factory, street, office bldg.,	etc.) INJURY OCCUR?		
	Σ	21D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E. INJURY OCCURR	ED 21F, HOW DID INJURY	OCCUR?	
•		OF INSORY	m. WHILE AT NOT WHILE			
		22. I hereby certify that I att	ended the deceased from	1 19VO to h	1920, th	at I last saw the
4		deceased alive on har 3	and that death occur	rred at 10 Pm., from the	he causes and on the d	ate stated above.
		23A. SIGNATURE		23B. ADDRESS		3c. DATE SIGNED
		ueran -	caqueen M.D.	1729 W. Kon	cont 9	05 g 200
	TIC	BURIAL, CREMA- 24B. DATE N. REMOVAL (Specify)	50 St Marya (3	Hanfden 3	altereore	Mid (State)
		CAL REGISTRAR	s signature	hand It Seek	8143436	op Esa
	_	VS 150		1	3	
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Described his ASSESSALE LOCAL TOPS

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d. The	1.	NAME OF D	ECEASED LAU	IRA	J. MAXU	VELL	2. DATE OF NOV	EMBER 4, 1950.
in, supplied.	B. H	PLACE OF D Baltimore (FULL NAME OSPITAL OR ISTITUTION	City, Maryland		tion, give street address of location		(Where deceased lived, In B. COUNTY	
e fu	C.	Length of s	tay in Baltimore		18 Mos.	211 Pet	if rural, give location)	5300
ld b		SEX	6. COLOR OR RACE		E, MARRIED, WED, DIVORCED (Specif	8. DATE OF BIRTH	9. AGE (In years)	If Under 1 Year Muder 24 Hours Onths Days Hours Min.
le le	WOF	k done during most	CUPATION (Give kind of of working life, even if retired)	10B. KIN	D OF BUSINESS OR INDUSTR		foreign country)	12. CITIZEN OF WHAT COUNTRY
information of death o		S. FATHER'S N	Im Dweeli	~5		14. MOTHER'S MAIDEN	Stalling.	
or binding causes of dea	(Ye	5. WAS DECEASI	ED EVER IN U.S. ARME (If yes, give war or date	of service)	16. SOCIAL SECURITY NO.	Jeason W. My	well 216	Palopero an
FOR y item		(This does	SE OR CONDITION LEADING TO DEA not mean the mode re, asthenia, etc. It mes complication which	TH of dying, e. ans the disea	8., (A) B,	of DEATH	, mà	INTERVAL BETWEEN ONSET AND DEATH
RESEI INK.	CATION	RISE TO T	ANTECEDENT CAUS S OR CONDITIONS, THE ABOVE CAUSE (A) YING CONDITION L	F ANY, GIVI		dia Polon	pensation	•
MARGIN I UNFADING Physicians: p	CERTIFI	TRIBUTING	II SIGNIFICANT COND S TO THE DEATH, BUT DISEASE OR CONDITION	NOT RELAT	FED	euperin p	an rose	
LY, WITH important.	DICAL	OCTOBE	ENT. SUICIDE, (Specify)	1 21B. PL	ACE OF INJURY (e. g., farm, factory, street, office bldg	EGTER & HYD	ROWEP HAROS, (If in Baltimore City,	
A	ME	210, TIME OF INJURY	(Month) (Day) (Year	(Hour)	21E. INJURY OCCUR WHILE AT NOT WHILE WORK AT WORK		RY OCCUR?	
PLE WRITE Correct age is especia		22. I hereb deceased a	live on POVEMBER	tended the 4, 1950,	deceased from OC and that death occi	108eR 17, 1950, to 1 urred at 6 m., from 23B. ADDRESS 5/NA()		that I last saw the he date stated above 23c. DATE SIGNED
Erect ag	TI	4A. BURIAL, ON REMOVAL (S	gecify) /1/7/1	950	Bola.	len. /	Bola. Myd	
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	}	VS 150	ANO Robe	t	GOLDEN		093	d

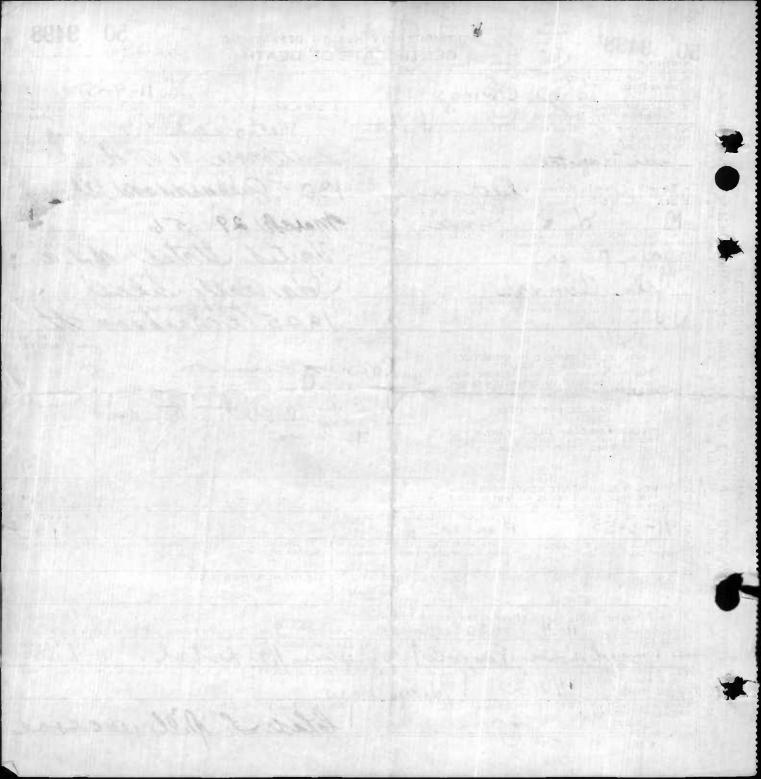
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The	50	9498 RTH NO. BALTIMORE CITY HE CERTIFICATE		9498
	1.	NAME OF DECEASED Tohn Owing S	2. DATE OF DEATH 1-4-9	50
supplied.		PLACE OF DEATH: Baltimore City, Maryland	4. USUAL RESIDENCE (Where deceased lived, If instit	tution : residence before admission)
3	H	FULL NAME OF (If not in hospital or institution, give street address or OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, wr.	ite RURAL and give
fuil ly.		ini Hapetel	Baltimore 31 and	(ownship)
legibly	4.	Length of stay in Baltimore lettine Yrs. Mos. Days	D. STREET ADDRESS (If rural, give location)	101
og p		SEX 6. COLOR OR RACE 7. SINGLE. MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years H Under last birthday) Months;	I Year Munder 24 Hours
		N Single	march 29 56	
clearly		A. USUAL OCCUPATION (Givekind of tobs. KIND OF BUSINESS OR INDUSTRY)	117 BIRTHPLACE (State or foreign country) 12.	WHAT COUNTRY?
	13	TATHER'S NAME	14. MOTHER'S MAIDEN NAME	3.4.
ormati	15	John Clurings	da Bell Sikes	3
infe	(You	b. WAS DECEASED EVER IN U. S. ARMED FORCES? a, ne'd unknowe) (If yes, give war or decen of service) SECURITY NO.	17. INFORMANT May Schware ADDR	ess H
y item of ithe causes		18. 561, 5 CAUSE C		INTERVAL BETWEEN ONSET AND DEATH
item he cau		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	0	SNSE! AND BEATH
Every write tl		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	nary occusion	
>		injury or complication which caused death.) DUE TO ANTECEDENT CAUSES	+00++	
INK.	Z O	DISEASES OR CONDITIONS, IF ANY, GIVING	stenal obstruction due	
NG I	ATI	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST.	Koma	
DIN	IFIC	[[(C)		
UNFADING Physicians:	ERT	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED		
	EDICAL CI	TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERA	ATION	20. AUTOPSY7
WITH rtant.		11-3-50 Herma	or 21c, WHERE DID (If in Baltimore City, give	YES NO L
. 0		21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., io about home, farm, factory, street, office bldg., et		exact location)
LY	Σ	21b. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE	ED 21F. HOW DID INJURY OCCUR?	
ally		m. WHILE AT NOT WHILE		
TE P especia		22. I hereby certify that I attended the deceased from deceased alive on 11-4, 1950, and that death occur	, 19 , to , 19 , th	
WRITE ge is esp				c. DATE SIGNED
E W	24	4A. BURIAL, CREMA- 248/DATE 24C. NAME OF CEMETER	RY OR CREMATORY 24D. LOCATION (City, town, or ex	ounty) (State)
ACT a		Buris 11/2/50 Idale Cra		(Dunc)
PLEANE correct ag		ATE RECEIVED BY REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR AD	DRESS
m 0	11.	M.C. 1991 Burgan Helliants M.	letale of Dill 1545	

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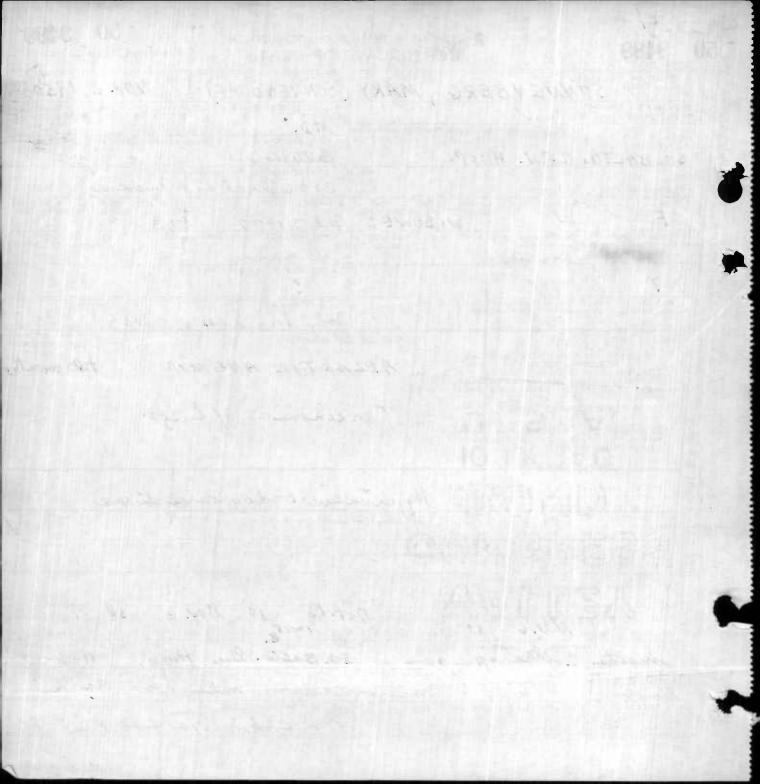
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R BINDING	m of informats.	causes of death c
ERVED FOI	. Every ite	e write the
MARGIN RESERVED FOR BINDING	UNFADING INK	Physicians: pleas
	INLY, WITH	ly important.
	ASE WRITE INLY, WITH UNFADING INK. Every item of information should be refully sur	or age is especially important. Physicians: please write the causes of death clearly and legibly.

5		EALTH DEPARTMENT V 50 9499			
The	BIRTH NO. CERTIFICAT	E OF DEATH Registered No.			
	1. NAME OF DECEASED (Type or Print) SONNENBERG, MARY (SONNENBURG) 2. DATE OF DEATH NOV. L,				
ıppli	a. Baltimore City, Maryland V	4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission)			
efully supplied.	B. FULL NAME OF (If not in hospital or institution, give street address of HOSPITAL OR location INSTITUTION	C. CITY OR TOWN (If outside corporate limits, write RURAL and give			
eful bly.	SO. BALTO: GEN. HOSP-	Baltimore O. STREET ADDRESS (If rural, give location)			
Vefu legibly	c. Length of stay in Baltimore Mos.	25-01 10 - 00 - 00			
should b	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specification)	8. DATE OF BIRTH 9. AGE (in years last birthday) Months Days Hours Min. 73			
shoul	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTR	11. BIRTHPLACE (State or foreign country) Y Hermany 12. CITIZEN OF WHAT COUNTRY?			
that	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
R BINDING em of informa causes of deat	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	John Somenberg 3506 Belonday			
RGIN RESERVED FOR ADING INK. Every itemicians: please write the car	heart failure, asthonia, etc. It means the disease, injury or complication which caused death.) DUE TO	ASTIC ANEMIA fills quonths			
MARGIN UNFADING Physicians:	OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE OEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hy perture Cordio vos aler disease				
H .	194. DATE OF OPERATION 198. MAJOR FINDINGS OF OPE				
00	21A. ACCIDENT WAS UNDER. LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e. g., in or INJURY OCCUR? CAUSE OF DEATH CAUSE OF				
INLY	210. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCUR OF INJURY MHILE AT NOT WHILE AT WORK AT WORK	E			
TE	22. I hereby certify that I attended the deceased from Oct. 16, 1950, to Nov. 6, 1950, that I last saw the deceased alive on Nov. 6, 1950, and that death occurred at 12:15 m., from the causes and on the date stated above.				
RI	23A. SIGNATURE Martin C. Malynapan M.O. 24A. BURIAL, CREMA-1 24B. DATE 24C. NAME OF CEMET	SO. Balto. Gener Hosp, 11-6-50			
SE W	ery or CREMATORY 240. LOCATION (City, town, or county) (State) whee milwanker, Wisconsin				
P. corr	DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR NOV 6 = 1950	125. FUNERAL DIRECTOR ADDRESS Nom. Book, Inc. 12/7 Ab. Paul Ab.			
	VS 150				



9500 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO I. NAME OF DECEASED 2. DATE (Type or Print) supplied. OF DEATH 3. PLACE OF DEATH: 4. USUAL RESIDENCE (Where deceased lived, If institution: residence A. Baltimore City, Maryland A. STATE B. COUNTY before admission) (If not in hospital or institution, give street address or B. FULL NAME OF HOSPITAL OR (If outside corporate limits write hand lind give C. CITY OR TOWN INSTITUTION township) D. STREET ADDRESS Yrs. Mos. Brohaun c. Length of stay in Baltimore Days 5. SEX 6. COLOR OR RACE 7. SINGLE, MARKIED 9. AGE (in years If Under 1 Year WIDOWED, DIVORGED (Spec last birthday) Months; Days Hours; Min. 12 dowed 10A. USUAL OCCUPATION (Givekind of 108. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF work done during post of working life, even ifretired INDUSTR WHAT COUNTRY? ired Sheet Watal Worker death FATHER'S NAME 14. MOTHER'S MAIDEN NAME informati 15. WAS DECEASED EVER IN U.S. ARMED FORCES? of 16. SOCIAL ADDRESS ar or dates of service) (If yes, give y SECURITY NO causes 18. INTERVAL BETWEEN CAUSE ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., Every write RESERVED heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) QUE TO ANTECEDENT CAUSES INK. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNFADING Physicians: p UNDERLYING CONDITION LAST. RTIFI 11 OTHER SIGNIFICANT CONDITIONS CONш TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 9A. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY WITH EDICAL NLY, WITH panous ancumoma 218. PLACE OF UNJURY (of) or 2 IC. WHERE DID (If in Baltimore 2 1A. ACCIDENT WAS UNDER. VING OR CONTRIBUTING about home, farm, factory, street, office bldg., etc.) INJURY OCCUR? CAUSE OF DEATH 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE! WHILE AT WORK 1950 that I last saw the 22. I hereby certify that I attended the deceased from_

esp

VS 150

deceased alive on flor. 3

248. DATE

0

REGISTRAR'S SIGNATURE

23A. SIGNATURE

24A. BURIAL, CREMA TION REMOVAL (Specify

DATE RECEIVED BY

LOCAL REGISTRAR

25. FUNERAL DIRECTOR ADDRESS

1950, and that death occurred at 150 Hm., from the causes and on the date stated above.

23B. ADDRESS

23c. DATE SIGNED

